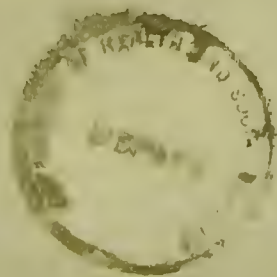
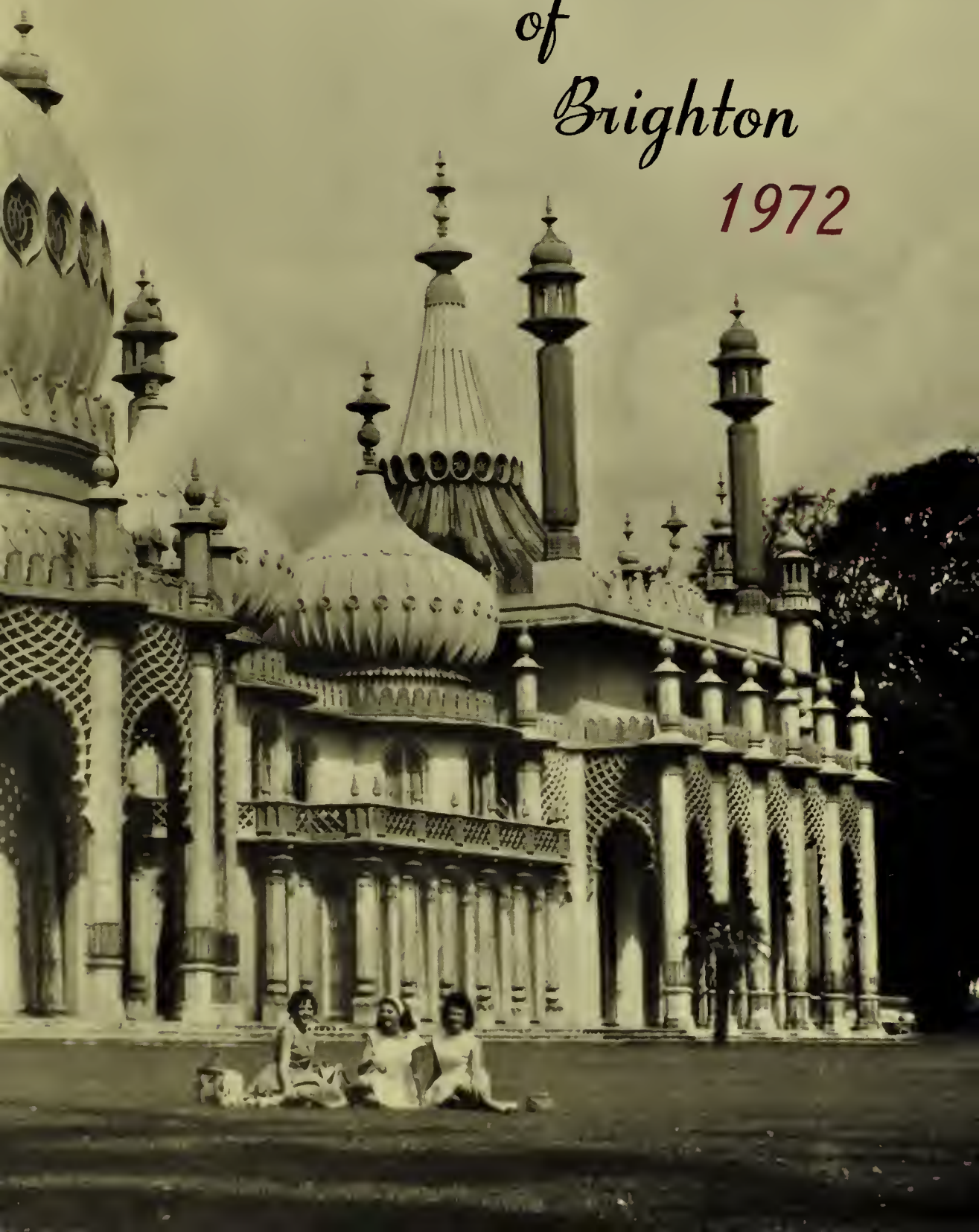


*The Health
of
Brighton*
1972





F N B. PATTERSON,
H. Se. C. Eng., M.I.C.E., F.I.M.M.E., M.Inst.M.E.,
BOROUGH SURVEYOR, ENGINEER
AND PLANNING OFFICER,
BRIGHTON

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR THE YEAR 1972

W. S. PARKER, V.R.D., F.F.C.M., M.B., Ch.B., D.P.H., D.I.H.

Health Department,
Royal York Buildings,
Old Steine,
Brighton,
BN1 1NP.

Telephone : 0273 - 29801

C51869

CONTENTS

	PAGE
PREFACE 	3
MEMBERS OF COMMITTEES AND PUBLIC HEALTH OFFICERS	5
HEALTH COMMITTEE POWERS AND DUTIES 	29
VITAL AND GENERAL STATISTICS 	32
INFECTIOUS DISEASES 	40
LOCAL HEALTH SERVICES & GENERAL INFORMATION ...	43
ENVIRONMENTAL HEALTH 	79
SCHOOL HEALTH SERVICE (follows above)	

*To the Mayor, Aldermen and Councillors
of the County Borough of Brighton*

August 1973

LADIES AND GENTLEMEN,

This is the last Annual Report which will be presented in traditional form by the Medical Officer of Health of the County Borough of Brighton. The report for the final year, 1973, will be little more than a presentation of statistics, as will the first quarter of 1974 after which the Borough administration as we now know it will cease to exist. This exactly rounds off the century as Dr. Taaffe, your first Medical Officer of Health, submitted his first Annual Report for 1874, only three years after the Franco-Prussian War. Incidentally, the Germans, with a vaccinated army, defeated the French who did not require vaccination in their forces and who collapsed in the face of the enemy when an epidemic of nearly 70,000 cases of smallpox weakened their resistance.

Brighton is to continue as a Borough with a District Council. It will not be unlike a present Municipal Borough with its Education, Social Services and some other facilities provided by the new County Council. The Environmental Health responsibilities remain local, as they have always done, but the Personal Health services leave local government altogether and pass to a unified National Health Service under the Department of Health. In one form or another Health reorganisation has been under discussion for several years to the degree where your staff have become almost too familiar with a shower of policy documents. The final legislation will be operating before this Report appears in print: committees are sitting on every topic and the final outcome is close at hand. There is great involvement of staff but it is hoped that those who we serve will note very little except a change in our notepaper. The real effects of reorganisation will not be felt for a decade.

Nursing organisation is long beyond the capacity, or incapacity, of amateurs to whom the annual strawberry tea mattered more than the realities of skilled nursing. In my own professional lifetime, nursing has passed from skilled personal attention to patients whom a doctor could do little to aid, to a new technical team commitment in which doctors, nurses and ancillary workers combine in the successful treatment of patients in a way which we, as medical students before the War, could not hope to attain. Even so, nothing fundamental has changed: for some patients a cooling drink at night-time still matters as much as an antibiotic. With the new commitments have come the Salmon and Mayston Reports on nursing management reorganisation, designed to meet the realities of the conduct of a large group of highly-trained, modern professionals working in hospital and in the community.

During the year a domiciliary family planning service was initiated. This received a considerable set-back when Dr. Janis Winter left us. This lady, a most competent doctor with a real insight into the problems which can be relieved by family planning, was an ideal member of the team. It took many months to recruit a similar enthusiast in the person of Dr. Jane Wade.

As a result of a chance meeting of the Chairman of your Health Committee with the Chairman of the Eastbourne Health Committee at a conference, a liaison has been created between the committees. This has been of value in an exchange of views between the respective authorities. It is a pity that we did not recognise the value of this twenty years ago. The Environmental Health Committees of the new District Councils may well continue the association.

During the year Dr. Grasset-Molloy has retired on grounds of ill-health and has been succeeded by Dr. Margaret Parker. Dr. Janis Winter has left us and been replaced by Dr. Joan Warren with whom I had the privilege of serving

when we were both in the Royal Navy before she took her medical training. The Principal Dental Officer, Mr. W. Garland, left the service to take up an academic appointment. We were fortunate to secure the services of Mr. J. Herington to succeed him. I would like to pay particular tribute to Mr. Garland for the broad view he took of dental health and the untiring way in which he tackled the manifold problems of the vast, but avoidable, dental pain and decay in the town in the absence of any encouragement from the Local Authority for the essential fluoridation of the public water supply.

I have set out elsewhere a summary of interesting and, at times, quaint extracts from past Annual Reports. In 1892 Dr. Arthur Newsholme made the most forward-looking of all recommendations when he proposed the appointment of a Lady Inspector to carry out what are the essential duties of a modern health visitor. In fact, the value of intensive health visiting was finally demonstrated when the Brighton establishment was increased from six to fourteen in the early 1950s and the excessive deaths of infants under age one in Brighton finally fell to a continuing lower average than the rest of the country.

In the common task of promoting the health of our townspeople, grateful acknowledgement is made to the following for their help and collaboration:

- Mr. W. O. Dodd, Town Clerk and Chief Executive Officer; his successor
- Mr. R. G. Morgan, and the other Chief Officers of the Corporation;
- The family doctors of Brighton;
- The hospital services and staff;
- Dr. J. E. Jameson and the staff of the Public Health Laboratory;
- Many voluntary associations in the town.

The main burden has, however, fallen on your own staff to whom I would pay unstinted tribute. We all recognise the outstanding leadership and ability of the Director of Nursing Services, Mrs. Eileen Beith, and would add our felicitations on her marriage in October 1972 to Mr. Peter Cotter.

I conclude by thanking the Chairman, Councillor A. E. Poole, and Members of the Health Committee for their encouragement and support which has greatly helped me in my work.

Yours faithfully,

W. S. PARKER,

Medical Officer of Health.

MEMBERS OF HEALTH COMMITTEE ON 31st DECEMBER, 1972

HIS WORSHIP THE MAYOR	COUNCILLOR R. B. ROGER-JONES
(COUNCILLOR G. C. C. PACKHAM)	" R. E. C. SEARLE
ALDERMAN B. A. CRABB	" R. H. SHRIVES
" H. NETTLETON	" Mrs. H. P. SOMERVILLE
" A. V. NICHOLLS	" Mrs. H. A. STEER
COUNCILLOR G. R. CARTER	Miss M. TIERNEY
" W. J. C. CLARKE	Mr. F. MARTIN
" H. W. GEORGE	Dr. L. J. BEYNON
" A. H. HARMAN	Dr. H. G. PAGE
" Miss R. E. LARKIN	Mr. J. J. LOUGHRAN
" Mrs. G. R. MORRISON	Mr. M. J. GILKES
" Mrs. C. L. E. NETTLETON	Mr. R. H. COLEMAN-COHEN
" A. E. POOLE (Chairman)	Mr. W. T. PARSONS

Public Health Officers

Medical Officer of Health:

W. S. PARKER, V.R.D., F.F.C.M., M.B., CH.B., M.R.C.S., L.R.C.P., D.P.H., D.I.H.

Deputy Medical Officer of Health:

P. A. SHAVE, M.B., B.S., D.T.M. & H., D.P.H.

Senior Medical Officers:

GABRIELLE GRASSET-MOLLOY, M.B., B.S., D.P.H., M.S.R.

MARGARET B. PARKER, M.B., CH.B., D.P.H.

Senior Assistant Medical Officer:

JANIS A. WINTER, L.R.C.P., M.R.C.S., D.OBST., R.C.O.G. (resigned 26th May, 1972)

Medical Officer in Department:

JOAN E. WARREN, M.B., CH.B., D.P.H. (from 2nd October, 1972)

Assistant Medical Officers of Health:

*BERYL P. EADIE, B.SC., M.B., B.CH.

*V. O. B. GARTSIDE, M.R.C.S., L.R.C.P., D.P.H., R.C.P.S.

*FLORENCE P. GRICE, M.R.C.S., L.R.C.P., M.B., B.S.

*MARY M. HAY, L.R.C.P., L.R.C.S., L.R.F.P.S.

*DAPHNE M. HUNT, M.B., B.CHIR., M.R.C.S., L.R.C.P.

*ELIZABETH D. MELVILLE, M.B., B.CH.

*BARBARA J. NEWMAN, M.B., B.S.

*ROSEMARY STURGESS, M.R.C.S., L.R.C.P., M.B., B.S.

Senior Consultant Chest Physician: F. E. CAYLEY, M.D.

Consultant Chest Physician: F. B. MEADE, M.B., B.S., F.R.C.P.

Chief Dental Officer: W. H. GARLAND, B.D.S., L.D.S., D.D.P.H. (resigned 31st January, 1972)

J. B. HERINGTON, L.D.S., R.C.H.(Eng.) (from 1st February, 1972)

Public Analyst: *T. E. RYMER, F.R.I.C.

Veterinary Officer: *J. S. LAUDER, M.R.C.V.S.

Chief Public Health Inspector: H. G. GIBSON, M.R.S.H., F.A.P.H.I.

Director of Nursing Services: Mrs. EILEEN COTTER, S.R.N., S.C.M. (Part 1), H.V.Cert.

Superintendent Midwife: Mrs. MARJORIE WOOD, S.R.N., S.C.M.

Chief Ambulance Officer: E. R. KIMBER, A.I.A.O., F.I.C.A.P., F.I.C.D., A.M.R.S.H.

Health Education Organiser: R. E. BROWN, M.I.H.E., M.I.M.S.O.

Administrative Officer: R. ASPDEN, D.P.A.

*Part-time

BRIGHTON

Medical Officers of Health

RICKARD P. B. TAAFFE, M.D., M.S., F.R.C.S.	7th January, 1874— 3rd March, 1888
SIR ARTHUR NEWSHOLME, <i>K.C.B.</i> , M.D., F.R.C.P.	17th May, 1888— 3rd February, 1908
DUNCAN FORBES, <i>M.B.E.</i> , M.D., B.SC., D.P.H.	31st March, 1908— 30th April, 1939
RUTHERFORD CRAMB, M.B., CH.B., D.P.H.	1st May, 1939— 31st March, 1951
WILLIAM S. PARKER, <i>V.R.D.</i> , F.F.C.M., M.B., CH.B., D.P.H., D.I.H.	1st April, 1951—

Chief Public Health Inspectors

WILLIAM T. CLARKE	3rd June, 1868— 17th March, 1882
HENRY HAWES	19th April, 1882— 13th Sept., 1890
JAMES F. SKINNER, Cert.R.San.Institute	9th October, 1890— 30th June, 1922
JOHN T. NORRISH, San.Insp.Cert., M.S.I.A.	1st July, 1922— 31st Dec., 1934
ARTHUR H. HOLT, <i>B.E.M.</i> , San.Insp.Cert., Insp. of Meat & other Foods M.S.I.A.	1st January, 1935— 31st July, 1945
ROBERT S. CROSS, F.R.S.H., F.A.P.H.I.	1st August, 1945— 31st March, 1968
HERBERT G. GIBSON, M.R.S.H., F.A.P.H.I.	1st April, 1968—

A HUNDRED YEARS OF ANNUAL REPORTS

1874 The first Annual Report of the newly-appointed Medical Officer of Health for Brighton in 1874 includes the following items. The comparable figures for 1972 are set out in brackets:

Births, 2,819 (1,784);

illegitimate 117 or 4·1% (243 or 14·0%)

Deaths, 1,949 (2,514);

680 or 34·8% under age five (40—1·6%),
including 405 or 20·8% under age one (35—1·4%).

Deaths from the seven principal zymotic diseases

Smallpox 1 (nil). Measles 62 (nil). Scarletina 4 (nil).
Diphtheria 19 (nil). Whooping Cough 52 (nil). 'Fever' 32 (1).
Diarrhoea 74 (nil), which together made up one in eight of all
who died in Brighton. Today deaths from infectious diseases
are a rarity.

The purity of the water supply is contrasted with the then recent epidemic of typhoid fever in Lewes.

Dr. Taaffe recommended that a well-appointed ambulance should be provided at the Fever Hospital. Also 'that the Hospital might be connected to one or more Telegraph Stations in the town'. He was also an enthusiast for the planting of trees in every available spot in the town. The last recommendation in this report was the avoidance of occupying newly-built houses before they are seasoned and fit for habitation. 'The neglect of this precaution has, I am satisfied, caused many an illness; the old house-warming custom on entering a fresh or new residence may, probably, have had a significant bearing on this point.'

Dr. Taaffe had already pressed the Authority to establish a public mortuary with post-mortem room and chemical laboratory. (This building, eventually erected to the S.W. of the Town Hall, was demolished in 1972, having been used since 1928 as a garage.)

1875 Dr. Taaffe commented on the contribution of bottle feeding to the deaths of infants from diarrhoea.

1876 The need for an infectious disease hospital was emphasised and the erection of an abattoir recommended. Other points are the need for more public toilets 'as at the Crystal Palace' and the better control of mad dogs.

1877 Bicycle riders should be compelled to attach bells to their machines so as to give warning of their coming to people driving or walking in the streets, especially at night, it being perfectly impossible to hear their approach whenever india rubber tyres are used.

1880 The risks of trichinae in pork are noted and thorough cooking is recommended.

1881 There is an outbreak of typhoid associated with milk. The sanatorium opens for the reception of cases of infectious diseases.

1884 'I wish to call to your attention and consideration the question of non-provision of cab accommodation throughout the night. If a medical practitioner has to be called to a case of sickness in a distant part of the town during the night no conveyance can be procured causing much inconvenience and the danger of delay in attending an emergency.'

'In former Annual Reports I have recommended that provision should be made for public lavatories in various parts of the town, for ladies and gentlemen.'

1890 Dr. Arthur Newsholme:

'If we can succeed in opening up courts and alleys in which no proper circulation of air occurs; in preventing overcrowding in single rooms; and in insisting that every house shall be free from damp and provided with through ventilation then the figures for phthisis or consumption should dwindle to those for Scarlet Fever.'

1891 The continuing high mortality of infants from diarrhoea. Infants *fed solely from the breast* are remarkably exempt from fatal diarrhoea while those fed artificially suffer heavily. Those fed artificially from the bottle suffer more severely than those fed without the use of the bottle. (This is largely due to the putrefactive poisons developed in the bottle and tube due to uncleanness.) The circumstances in which food (and particularly milk) are kept have an important influence. Milk should always be boiled before being drunk. Condyl's fluid is available free at the Sanitary Office at the Town Hall for the purpose of soaking the baby's bottle and tube each day after scalding them out with hot water.

Charges for accommodation at the Infectious Disease Hospital abolished. During the year there was a national epidemic of influenza with special hazard to the aged.

The Medical Officer of Health made a special plea for more housing for the poorer classes in view of the high mortality in certain districts of Brighton.

The continuing failure to remove horse manure led to the annual summer pest of domestic flies.

The mortality among legitimate infants under one year was 118 per thousand. Of illegitimate children, 395 died per thousand born, i.e. four out of every ten 'due directly or indirectly to neglect combined with ignorance' (see 1892).

1892 The salary of the Chief Sanitary Inspector was raised from £150 to £182 with a rise to £200 in two years. Assistants 25/- per week rising to 42/- a week in five years.

The proposed appointment of a Lady Inspector to advise on methods of nursing and feeding of infants, keeping feeding bottles clean and the like 'as is already in successful operation in Manchester'. The Medical Officer of Health of Manchester, Dr. Tatham, wrote to Dr. Newsholme: 'It is the duty of each District Visitor to visit from house to house in her district and to carry with her carbolic powder, carbolic soap, etc., and to explain their use. They are to give homely advice to mothers on the feeding, clothing and nursing of their children. They are specially enjoined to urge the importance of cleanliness, thrift and temperance on all possible occasions and to endeavour to teach the mothers how to provide wholesome and economical food.' (These earliest health visitors were trained nurses who also qualified as sanitary inspectors in the years before the Health Visitors Certificate was brought in; as such, they could be given the same rights of entry as the male inspector.)

1894 Dr. Newsholme attends an international congress in Buda-Pesth. He hears at first hand the proposals for the laboratory diagnosis of diphtheria based on the practice of the City of New York Health Department and, as a result, incorporates a bacteriological laboratory in the plans for the new Sanatorium. He also hears the first practical proposals for the preparation and use of diphtheria antitoxin.

He also notes that male children in Brighton have an expectation of life of 43 years, in Manchester 34 years and Glasgow 35 years.

The new Public Abattoir opens.

1897 Full laboratory facilities at the Sanatorium now provide for the serum diagnosis of typhoid and cultures for diphtheria and scarlet fever.

1902 Dr. Newholme continues the reporting on the link between typhoid fever and the consumption of oysters taken from the sewage-polluted oyster beds at Shoreham. The numbers ceased to be of significance after this year, having been at their highest in 1899 when 148 cases were reported.

1907 In 1898 school meals had their beginning when children were fed daily in a mission hall with voluntary help and finance. In 1907 the Corporation implemented the Education (Provision of Meals) Act 1906.

1908 Dr. Duncan Forbes succeeded Dr. Newsholme as Medical Officer of Health and School Medical Officer. He sets out in detail the routine of school medical inspection.

Councillor Lentott, Chairman of the Sanitary Committee, gave a lecture at the Public Library, Brighton, in December 1908 on 'How Brighton is Kept Healthy'. This was a valuable historic survey of matters of health in Brighton since 1704 and was reproduced as a pamphlet.

1914 For the first time on record no death from typhoid occurred in Brighton. The x-ray apparatus became available for assistance in the diagnosis of tuberculosis.

1915 Dr. Forbes made an epidemiological study of 27 cases of Anterior Poliomyelitis. He also details the care given in an outbreak of epidemic cerebro-spinal meningitis.

1917 The municipal VD Clinic opens at the Royal Sussex County Hospital.

1918 Dr. Forbes reports on Influenza in the autumn.

1928 The Borough boundary is extended to take in Rottingdean, Ovingdean, Patcham and Falmer, taking in many dwellings with inferior sanitary conveniences.

1929 An epidemic of streptococcal sore throats in Brighton and Hove was traced to infected raw milk. There were 34 deaths in the town.

1930 The Brighton Council took over the work of the old Board of Guardians including the Municipal Hospital.

There were two outbreaks of streptococcal sore throats due to milk, both abruptly checked by the introduction of pasteurisation.

1931 A contraceptive clinic was started.

1935 Dr. Forbes reported on the home nursing of Scarlet Fever, at that time a revolutionary step which brought him into conflict with orthodox medical thinking at the time. His conclusions have since been confirmed.

1939 These extracts can well conclude with the retirement of Dr. Duncan Forbes, M.B.E., as Medical Officer of Health. In that year he reviewed the health progress of Brighton from the days of Dr. Taaffe in an extended foreword to his last report.

Dr. Rutherford Cramb, his deputy, succeeded him and provided what had to be a caretaker service during World War II (1939/1945), offset by Civil Defence and Casualty duties.

The National Health Service came into operation in July 1948. The present writer joined the Department as Deputy Medical Officer of Health in April 1949 and succeeded Dr. Cramb in 1951 almost immediately after the smallpox outbreak at Christmas 1950 when 30 cases occurred and 10 victims died. Infectious disease has disappeared. The National Health Service, in spite of minor complaints, provides universal free medical care to a standard unrivalled elsewhere in the world. The social revolution to a Welfare State is complete. If alive today, Dr. Newsholme would now recognise his prophetic words of seventy years ago—'The Englishman would willingly relinquish some of his traditional freedom in exchange for security'.

TABLE 1

Brighton Population—Census Returns

1871	...	...	...	...	...	92,471
1881	...	...	...	...	...	107,546
1891	...	...	...	...	...	115,873
1901	...	...	...	...	...	123,478
1911	...	...	...	...	...	134,966
1921	...	...	...	...	...	147,373
1931	...	...	...	...	...	147,427
1951	...	...	...	...	...	156,486
1961	...	...	...	...	...	163,159
1971	...	...	...	...	...	160,355

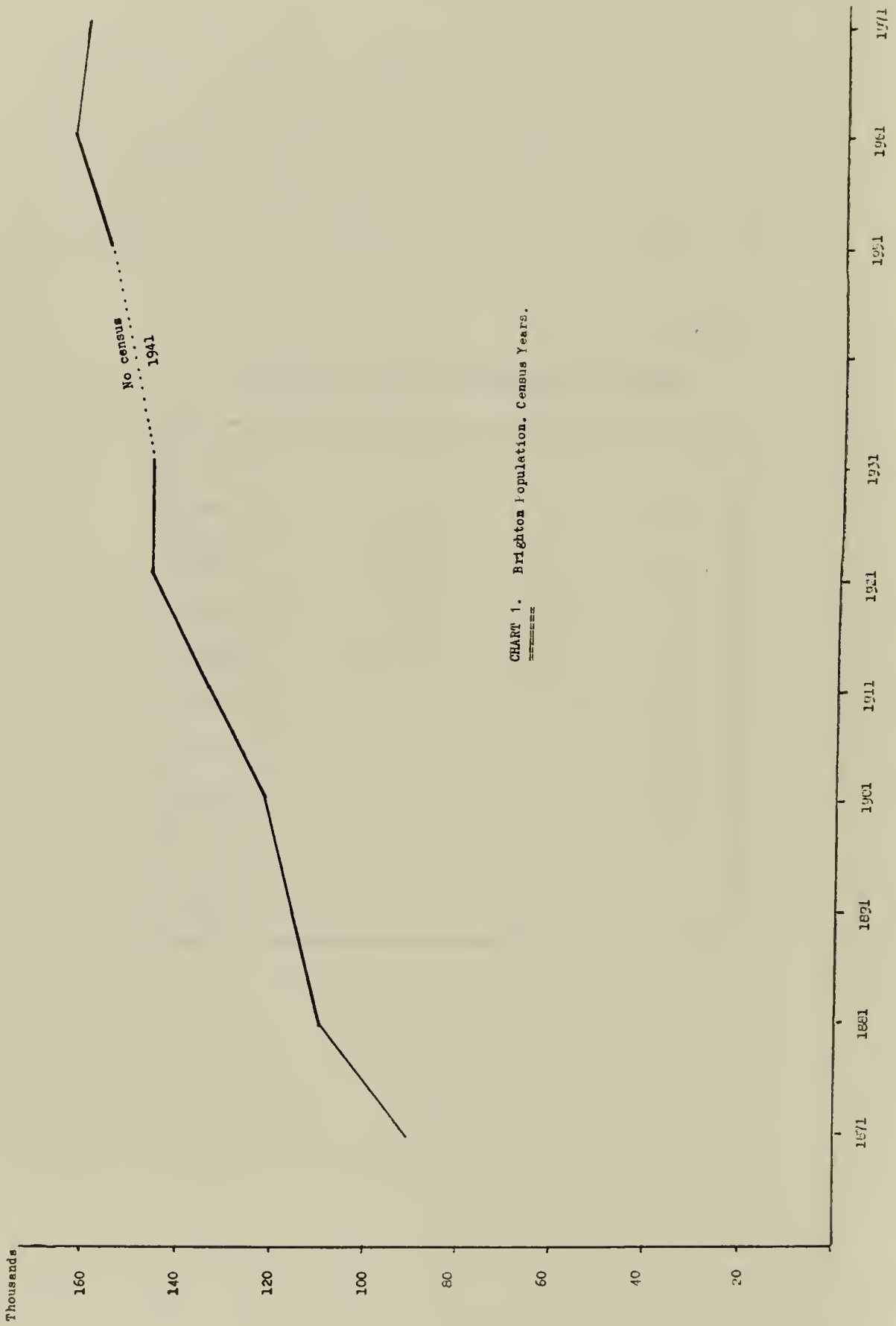


TABLE 2

**Percentage of population in certain age groups.
Census years. Brighton and Great Britain.**

	1921		1931		1951		1961		1966		1971	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 15	Brighton	27	21	23	18	23	18	22	19	20	17	18
	GB	29	27	24	23	24	21	26	22	25	22	23
15-64	Brighton	66	70	68	70	64	64	65	58	66	60	60
	GB	66	66	69	69	67	67	65	64	65	63	61
65 +	Brighton	7	9	9	12	13	18	13	23	14	23	22
	GB	5	7	7	8	9	12	9	14	10	15	16

CHART 2. % of men and women aged 65 and over at census years, Brighton and Great Britain.

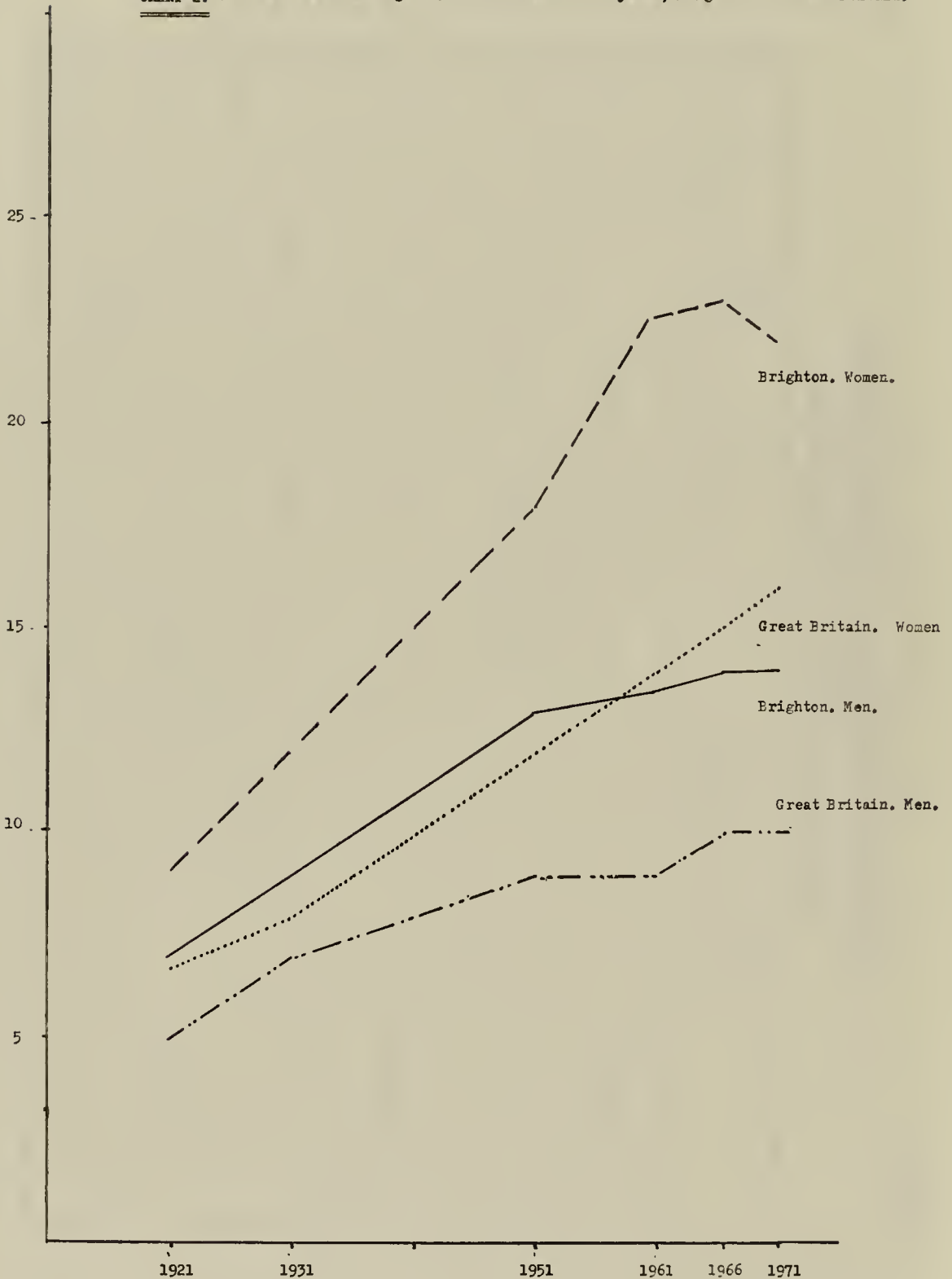


CHART 3.
Frighton Population by 5-year
age-groups
1921

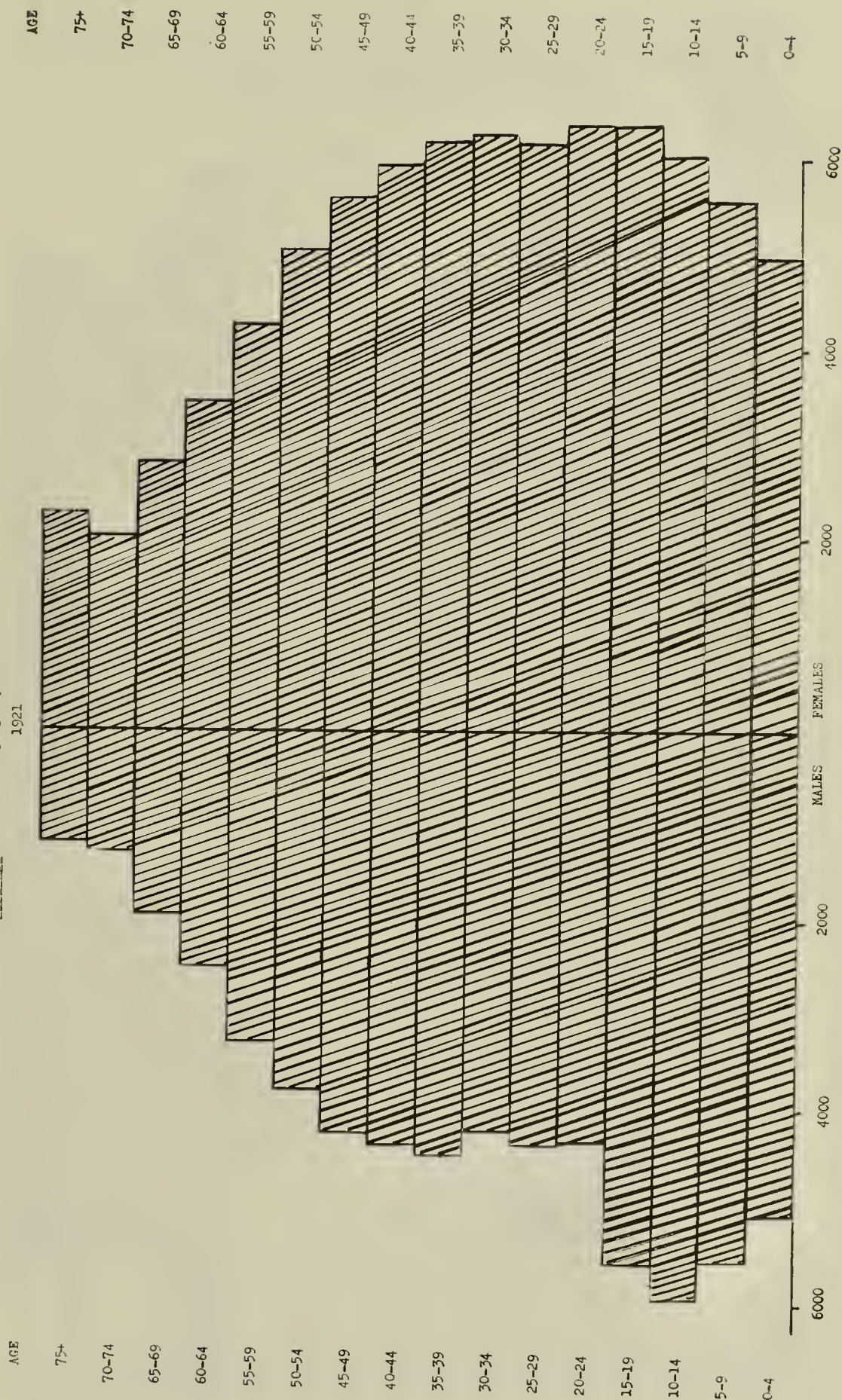


CHART 4. Brighton Population by 5-year age-groups 1971

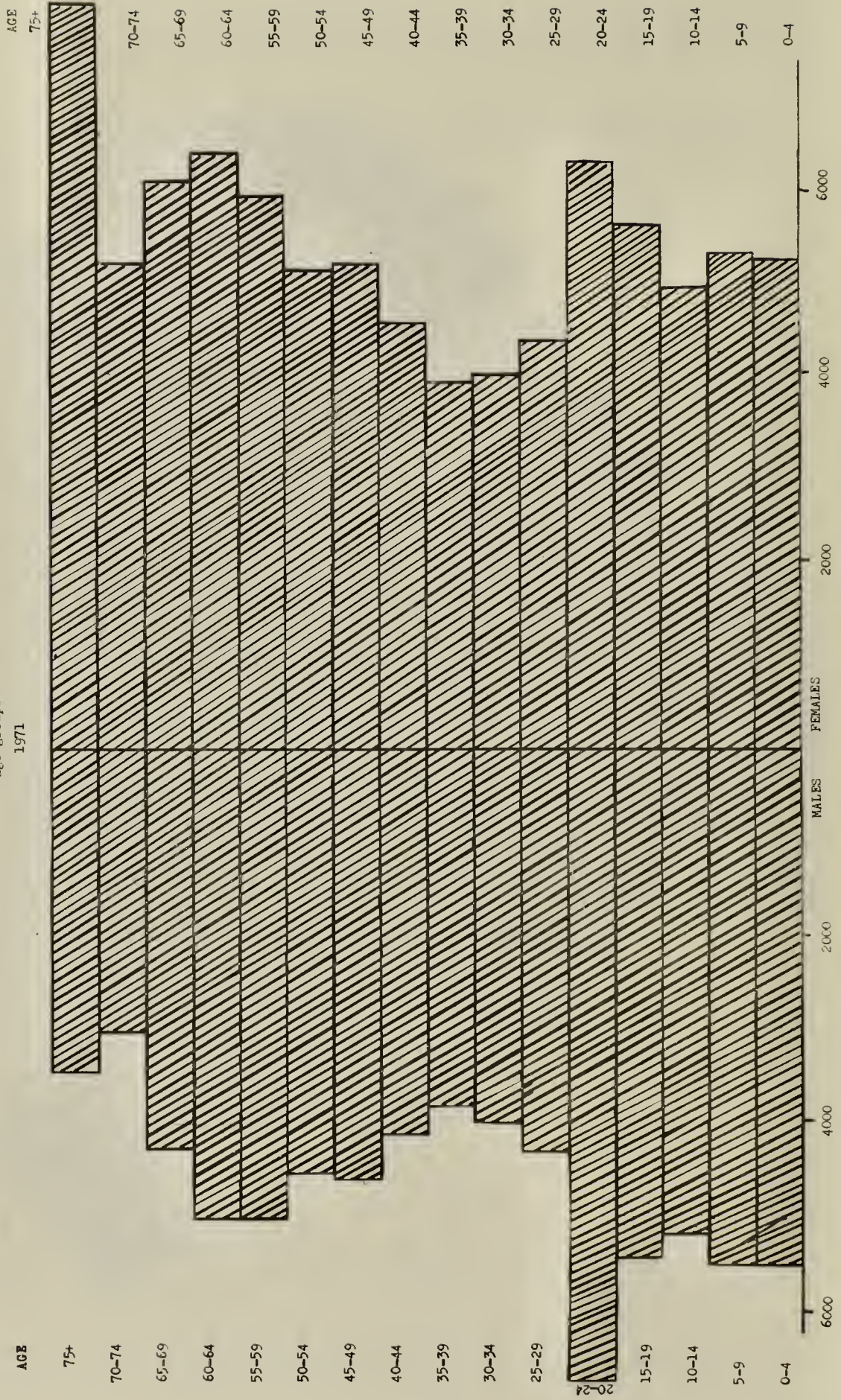


TABLE 3

**Birth and Death Rates, Brighton and England and Wales,
1920-72. (Five-yearly averages)**

	Birth Rates			Death Rates		
	Brighton ¹		England and Wales	Brighton ¹		England and Wales
	Crude	Adjusted		Crude	Adjusted	
1920-24	17.8		21.4	13.0		12.2
1925-29	14.0		17.1	13.4		12.2
1930-34	13.1		15.3	13.7		12.0
1935-39	13.4		14.9	14.2	11.7	12.0
1940-44	15.5		15.5	16.9	13.8	13.2
1945-49	17.3		18.0	14.7	11.9	11.9
1950-54	13.3	13.6	15.5	14.4	11.5	11.6
1955-59	13.0	13.8	15.9	15.0	11.9	11.6
1960-64	14.6	15.7	18.0	15.6	11.9	11.8
1965-69	14.6	15.7	17.2	15.9	10.8	11.6
1970	12.7	14.1	16.0	15.4	10.5	11.7
1971	12.0	13.4	16.0	15.4	10.4	11.6
1972	10.9	11.6	14.8	15.4	10.5	12.1

¹No comparability factor available for earlier years.

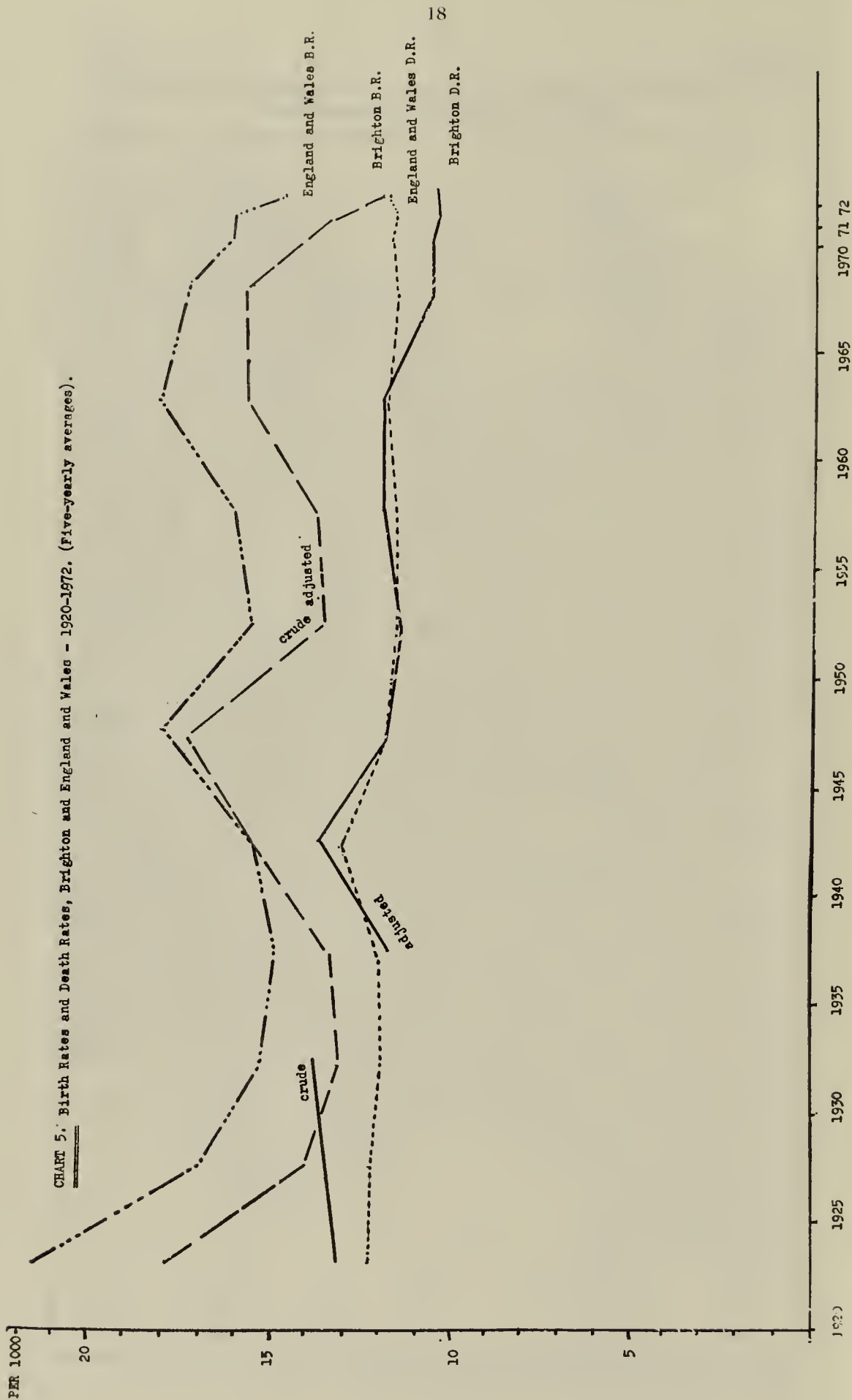


TABLE 4

**Infant Mortality Rates, Legitimate and Illegitimate,
Brighton and England and Wales 1920-72.
(Five-yearly averages)**

	IMR		Legitimate IMR		Illegitimate IMR	
	Brighton	E&W	Brighton	E&W	Brighton	E&W
1920-4	67	77	60	76	125	151
1925-9	58	71	52	70	139	129
1930-4	50	63	48	61	74	106
1935-9	54	56	51	54	97	87
1940-4	55	52	54	52	111	76
1945-9	45	40	42	39	74	55
1950-4	28	28	27	27	38	38
1955-9	21	23	21	23	28	29
1960-4	20	21	19	21	24	26
1965-9	15	18	15	18	16	25
1970	16	18	16	18	14	24
1971	17	18	14	18	35	24
1972	20	17	20	17	16	21

PER 1000
LIVE
Births

CHART 6. Infant Mortality Rates. Brighton and England and Wales, 1920-1972. (Five-yearly averages).



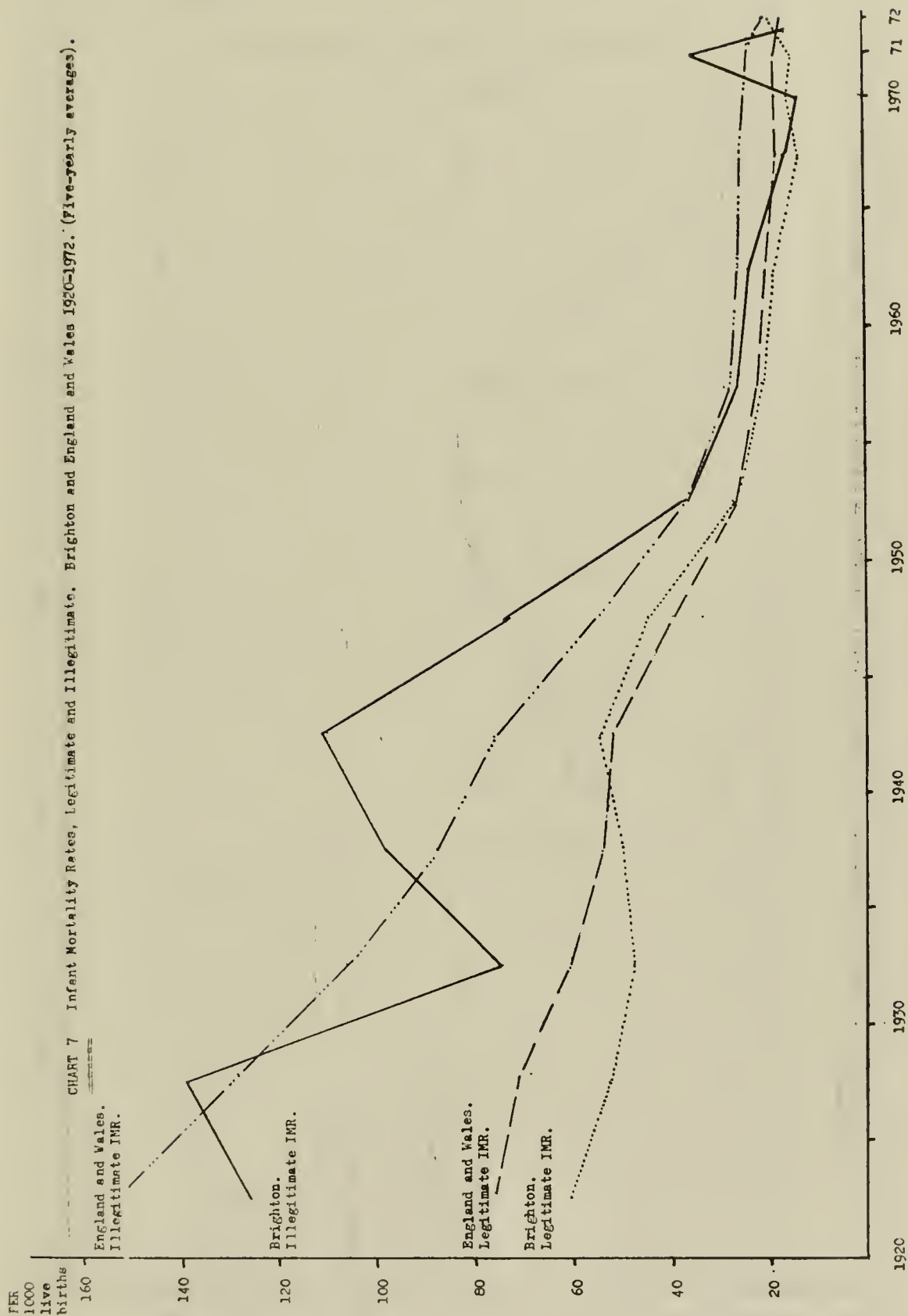


CHART 8 % of total births which were illegitimate 1920-1972. Brighton and England and Wales. (Five-yearly averages).



TABLE 5

**Percentage Deaths at various ages.
Brighton 1920-72**

	< 1 year	1-65	65+	Total
1920-4	9.5	44.4	46.1	100
1925-9	6.1	43.3	50.6	100
1930-4	4.8	39.5	55.7	100
1935-9	5.5	33.2	61.3	100
1940-4	NOT AVAILABLE			
1945-9	5.0	28.2	66.8	100
1950-4	2.6	25.7	71.7	100
1955-9	1.9	23.3	74.8	100
1960-4	1.8	22.9	75.3	100
1965-9	1.3	21.4	77.3	100
1970	1.3	21.2	77.5	100
1971	1.3	21.5	77.2	100
1972	1.4	21.4	77.2	100

CHART 9 % of deaths at certain ages. Brighton 1920-1972.



TABLE 6

**Notifications of certain diseases. Brighton 1920-72.
(Five-yearly averages)**

	Diphtheria	Scarlet Fever	Pulmonary TB	Other TB	Whooping Cough	Gonorrhoea	Syphilis	Infested with Vermin
1920-4	173	333	236	71		101	113	2845
1925-9	208	232	221	90		108	83	3704
1930-4	116	320	197	58		121	62	1733
1935-9	121	161	172	49	370	107	37	1795
1940-4	52	267	177	51	303	82	36	1685
1945-9	65	194	165	38	318	122	57	1389
1950-4	1	164	212	17	456	55	25	491
1955-9	0	112	110	7	232	80	15	448
1960-4	1	78	57	6	124	133	15	741
1965-9	0	90	22	4	42	196	14	320
1970	0	40	31	5	13	244	8	154
1971	0	41	21	7	42	345	20	335
1972	0	34	24	2	7	341	24	221

CHART 10 Notifications of certain diseases. Brighton 1920-72. (Five-yearly averages).



CHART 11 New local cases of Gonorrhoea and Syphilis. Brighton 1920-1972. (Five-yearly averages).

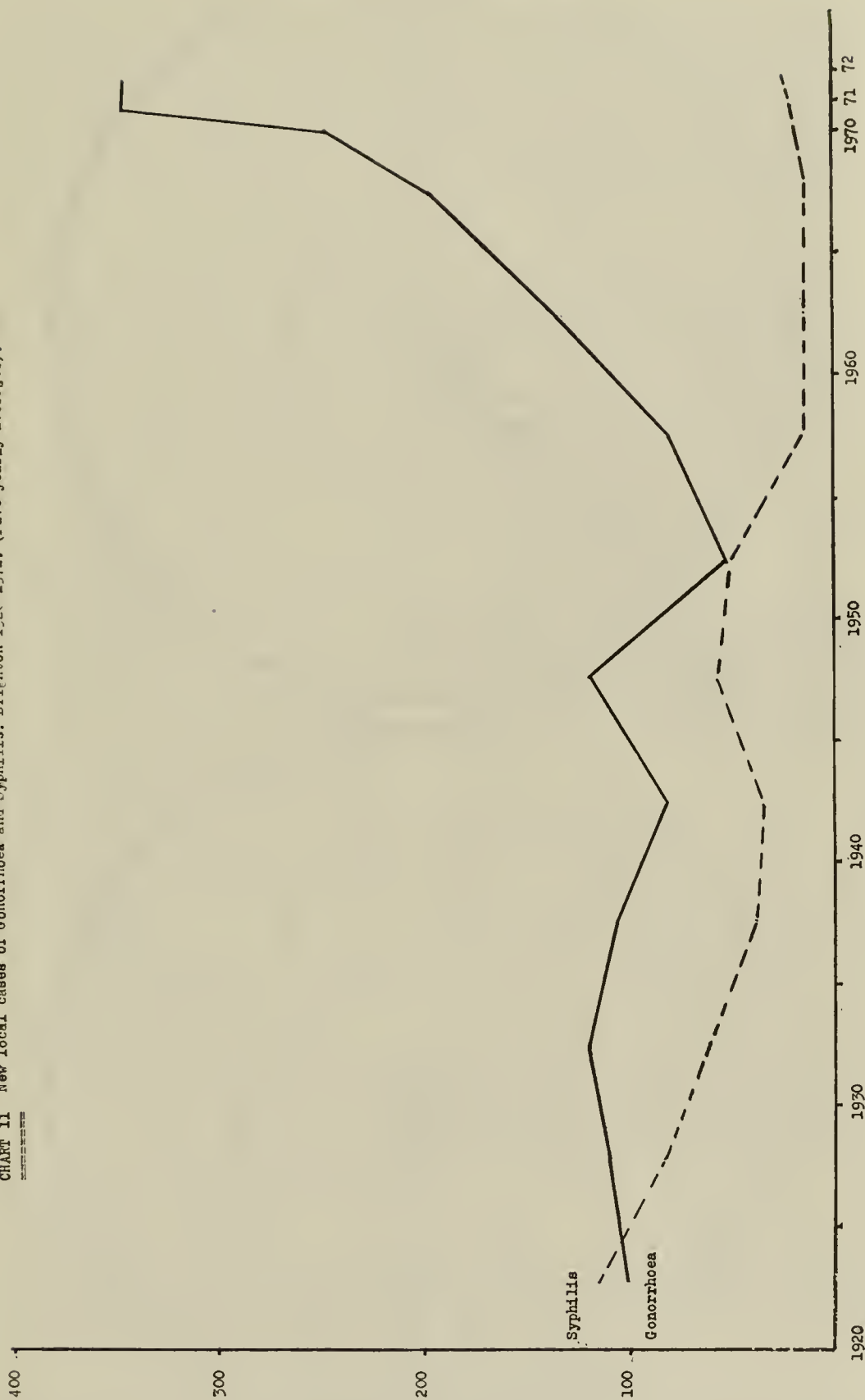


CHART 12 Percentage of deaths in Brighton due to various causes 1921 and 1971.



This chart can only be approximate because of changes in diagnosis and classification over the period.

HEALTH COMMITTEE

Delegated Powers

1. Pursuant to Part II of the Fourth Schedule to the National Health Service Act, 1946, all the powers and duties of the Council as local health authority under the National Health Service Acts, 1946-1961 (except insofar as delegated to the Social Services Committee), the National Health Service (Amendment) Act, 1957, the Mental Health Act, 1959, Sections 12 to 18, 23 (so far as it relates to offences under Sections 14 to 18 or any enactment thereby applied), 28 (2), 37, 47 (3), 56 (2) (d) and 131 so far as it applies to offences relating to a mental nursing home or a patient admitted to, or receiving treatment in or at, such a home, National Health Service (Family Planning) Act, 1967, National Health Services Family Planning Amendment Act, 1972, and the Health Services and Public Health Act, 1968 (except insofar as delegated to the Social Services Committee)

2. All the powers and duties of the Council under:

- (1) The Public Health Act, 1936: Sections 39 (drainage); 44-52 (sanitary conveniences, drains and cesspools); 56 (drainage of yards and passages); 75 (provision of dust-bins); 79-82 (noxious and offensive matter); 83-86 (filthy or verminous premises, articles and persons); 89 (sanitary conveniences at inns, etc.; Part III (nuisances and offensive trades); Sections 138, 140 and 141 (water); Part V (disease); Sections 196 and 198 (provision of laboratories and mortuaries); Section 203 (notification of certain births); Sections 205 (employment of women in factories, etc.); and Sections 259-261 (watercourses, ditches, etc.); and Section 275 (power to execute works so far as it relates to works required under the foregoing sections).
- (2) The Food and Drugs Act, 1955 (except Part III—provision and regulation of markets, and Sections 70-73 and 80);
- (3) The National Assistance Act, 1948; Section 47 and the National Assistance (Amendment) Act, 1951; Section 1 (Removal to suitable premises of persons in need of care and attention);
- (4) The Midwives Acts, 1936 and 1951;
- (5) The Brighton Corporation Act, 1931; Sections 230-232 and 234 (slaughter houses); Sections 354, 355, 357-364 (drains and sanitary conveniences); Sections 367-388 and 395-397 (infectious disease and sanitary matters); Part XXI (human food) and Sections 534 and 536 (certain nuisances); the Brighton Corporation Act, 1936; Section 29 (nuisance from pigeons); and the Brighton Corporation Act, 1948: Section 47 (as to decorative repair of working-class houses) so far as affects notices served under Section 93 of the Public Health Act, 1936, Part VII (infectious diseases and sanitary provisions) and Part VIII (food);
- (6) The Diseases of Animals Act, 1950;
- (7) The Prevention of Damage by Pests Act, 1949;
- (8) Slaughterhouses Act, 1958, and Slaughter of Animals Acts, 1933 to 1954;
- (9) Cancer Act, 1939, Section 4 (institution of proceedings);
- (10) Agricultural Produce (Grading and Marking) Acts, 1928-1931;
- (11) Fertilisers and Feeding Stuffs Act, 1926;
- (12) The Brighton Corporation Act, 1954: Section 28 (as to defective premises);
- (13) The Clean Air Acts, 1956 and 1968 (except so far as relates to the control of new buildings);
- (14) Agriculture (Safety, Health and Welfare Provisions) Act, 1956 (Sanitary conveniences for agricultural workers);
- (15) Sea Fisheries (Shellfish) Act, 1967; and Sea Fish (Conservation) Act, 1967;
- (16) Noise Abatement Act, 1960;
- (17) Brighton Corporation Act, 1960, Section 13 (Disposal of lost and uncollected property) so far it relates to property under the control of the committee;
- (18) Public Health Act, 1961; Sections 17, 18, 20, 21 (Drains and sanitary conveniences), 26 (Defective premises), 32 (Food storage in existing houses), 35-37 (Filth and vermin), 38-42 (Prevention and notification of disease), 72 (Discharge of steam), 74 (Powers as to pigeons) and 77 (Byelaws as to hairdressers and barbers);
- (19) Farms and Garden Chemicals Act, 1967;
- (20) Slaughter of Poultry Act, 1967;
- (21) Agriculture (Miscellaneous Provisions) Act, 1968;
- (22) Medicines Act, 1968;
- (23) Public Health (Recurring Nuisances) Act, 1969;
- (24) Chronically Sick and Disabled Persons Act, 1970; Section 6 (provision of sanitary conveniences at certain places open to the public);
- (25) Part IV, Agriculture Act, 1970.
- (26) Deposit of Poisonous Waste Act 1972.

Delegation of Powers to the Chairman

The Chairman of the Health Committee (or in his absence the Deputy Chairman) shall be authorised, subject to any general direction of the Committee, to deal with the following matters:

- (a) To approve the agenda for meetings of the Committee in consultation with the Town Clerk;
- (b) To deal with those matters referred to him by a Chief Officer in circumstances where he is satisfied that it is not a matter of such importance that a decision should be taken by the Committee;
- (c) To make statements to the Press when necessary and to publicise or explain the policies of the Committee on any subject.

Legislation under which duties are carried out, (a) for the Housing Committee:

Housing Acts 1949-72.
 Housing (Underground Rooms) Act 1959.
 House Purchase and Housing Act 1959.
 Slum Clearance (Compensation) Act 1956.
 Housing (Financial Provisions) Acts 1958 and 1959.
 Underground Room Regulations, made by the Council in 1962 under the Housing Act 1957.
 Housing (Management of Houses in Multiple Occupation) Regulations 1962.
 Housing (Prescribed Forms) Regulations 1972.
 Housing (Repairs and Rents) Act 1954.
 Rent Acts 1957-68.
 Rent Restriction Regulations 1957.
 Protection from Eviction Act 1964.
 Landlord and Tenant Act 1962.
 Section 47, Brighton Corporation Act 1948.
 Standards for houses in multiple occupation made under the Housing Act 1961, and approved by the Council in 1963.

(b) for the Planning Committee:

Declaration of Unfitness Orders under the Land Compensation Act 1961.
 Town and Country Planning Act 1962, under which reports are made regarding loss of residential accommodation.
 The Building Regulations, 1965.

(c) for the Legal and Parliamentary Committee:

Brighton Corporation Act 1966: Sections 7 (coffee bars, clubs, etc.), 8 (mobile coffee stalls, etc.).

(d) for the Public Protection and Control Committee:

The Town Clerk in consultation with the Chief Fire Officer and the Chief Public Health Inspector as necessary:
 The Licensing of houses or places for public performance of Stage Plays and Cinematograph Exhibitions.
 The granting of licences under the Sunday Entertainments Act, 1932.
 The granting of licences under the Theatres Act, 1968.

The Chief Public Health Inspector:

Registration of premises when filling materials are used for upholstery. Issue of licences in respect of premises used for the manufacture and storage of rag flock.
 Shops Act, 1950, Section 53 (Registration and cancellation of registration upon request of shop premises occupied by persons observing the Jewish Sabbath); Section 42 (Late closing for Exhibitions).
 Registration of keepers of common lodging houses, premises used for the manufacture, storage or sale of ice cream and of sausages, preserved food, etc.
 Registration of distributors of milk and the issue of dealers licences to sell milk.
 Registration of premises used for the manufacture, storage or sale of certain frozen liquids under Section 29 of the Brighton Corporation Act, 1954.
 The renewal of certificates of suitability for underground bakehouses under Section 70 of the Factories Act, 1961.
 The Pharmacy and Poisons Act, 1933 and the Pharmacy and Medicines Act, 1941 as amended. The securing of compliance with the provisions regulating the stocking or sale of poisons.

The Town Clerk in Consultation with the Medical Officer of Health and Chief Fire Officer where appropriate:

The granting of licences under the Nurses Agencies Acts, 1957.
 The registration of nursing homes and mental nursing homes.

The Chief Public Health Inspector in consultation with the Chief Fire Officer:

The granting of a licence to keep a riding establishment.
 The granting of licences for the keeping of a boarding establishment for animals and the licensing of Pet Shops.

LIAISON WITH OTHER AUTHORITIES

The following appointments are held by the officers of the department:

Medical Officer of Health

Member of:

The Brighton and Lewes Hospital Management Committee.

The St. Francis and the Lady Chichester Hospital Management Committee.

The Obstetrics Committee of the Brighton Executive Council.

Director of Nursing Services

Royal College of Nursing and National Council of the United Kingdom:

Vice-Chairman of the Representative Body 1969-72; re-elected for further term of office 1972-74.

East Sussex Joint Liaison Committee:

Chairman of the Nursing Working Group.

Chief Public Health Inspector

Member of Committee, Food and Nutrition Group, Royal Society of Health.

Representative of Association of Public Health Inspectors on Working Party with British Tourist Authority on accommodation standards for holiday accommodation.

VITAL AND GENERAL STATISTICS

Home population Mid-year (Registrar-General's estimated figure)	163,710
Area (in acres)	14,613
Number of houses and flats (including dwellings over shops) at 1st April 1972	59,308
Rateable value of Borough at 1st April 1972	£12,890,089
Estimated product of the rate of one penny 1972/73	£125,500
Marriages, 1,751. Rate per 1,000 population, 10.70.	

Live births:	Males	Females	Total
Legitimate	773	768	1541
Illegitimate	135	108	243
	908	876	1784

	Area comparability factor (births)	Adjusted birth rate
Live birth rate (per 1,000 population)	10.9	11.6
„ „ „ (England and Wales)	14.8	14.8
		Rate per 1000 (live and still) births
Stillbirths—total	20	11
„ „ „ (England and Wales)	8794	12

Total live and stillbirths	1804
Infant deaths (legitimate 31; illegitimate 4)	35
Infant mortality rate per 1,000 live births—total	20
„ „ „ „ „ (England and Wales)	17
„ „ „ „ „ legitimate live births	20
„ „ „ „ „ illegitimate live births	16
Neonatal mortality rate per 1,000 live births	15
„ „ „ „ „ „ „ „ „ (England and Wales)	12
Early neonatal mortality rate per 1,000 live births	13
„ „ „ „ „ „ „ „ „ (England and Wales)	10
Perinatal mortality rate per 1,000 live and still births... ..	24
„ „ „ „ „ „ „ „ „ (England and Wales)	22
Illegitimate live births per cent of total live births	14.00
„ „ „ „ „ „ „ „ „ (England and Wales)	9.00
Maternal deaths (including abortion)	—
Maternal mortality rate per 1,000 live and still births... ..	—
„ „ „ „ „ „ „ „ „ (England and Wales)	—

	Area comparability factor (deaths)	Adjusted death rate
Deaths	2514	
Death rate (per 1,000 population)	15.35	10.5
„ „ „ (England and Wales)	12.1	12.1

Causes of Death (Registrar General's Return)
(New Classification)

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS										75 and over
					1-	5-	15-	25-	35-	45-	55-	65-			
B1 Cholera	M	-													
	F	-													
B2 Typhoid Fever	M	-													
	F	-													
B3 Bacillary dysentery and amoebiasis	M	-													
	F	-													
B4 Enteritis and other diarrhoeal diseases	M	-													
	F	-													
B5 Tuberculosis of respiratory system	M	1	-	-	-	-	-	-	-	-	1	-	-	-	
	F	2	-	-	-	-	-	-	-	1	1	-	-	-	
B6 (1) Late effects of respiratory tuberculosis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	-	
B6 (2) Other tuberculosis	M	-													
	F	-													
B7 Plague	M	-													
	F	-													
B8 Diphtheria	M	-													
	F	-													
B9 Whooping cough	M	-													
	F	-													
B10 Streptococcal sore throat & scarlet fever	M	-													
	F	-													
B11 Meningococcal infection	M	-													
	F	-													
B12 Acute poliomyelitis	M	-													
	F	-													
B13 Smallpox	M	-													
	F	-													
B14 Measles	M	-													
	F	-													
B15 Typhus and other rickettsioses	M	-													
	F	-													
B16 Malaria	M	-													
	F	-													
B17 Syphilis and its sequelae	M	-													
	F	-													
B18 All other infective & parasitic diseases	M	2	-	1	-	1	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	-	-	-	-	-	2	-	-	
B19 (1) Malignant neoplasm, buccal cavity and pharynx	M	2	-	-	-	-	-	-	-	-	-	-	-	2	
	F	1	-	-	-	-	-	-	-	-	-	-	-	1	
B19 (2) Malignant neoplasm, oesophagus	M	6	-	-	-	-	-	-	-	-	2	3	1	-	
	F	8	-	-	-	-	-	-	-	-	2	1	5	-	
B19 (3) Malignant neoplasm, stomach	M	28	-	-	-	-	-	-	-	-	2	11	8	7	
	F	30	-	-	-	-	-	-	-	-	-	2	9	19	
B19 (4) Malignant neoplasm, intestine	M	40	-	-	-	-	-	-	1	1	7	14	17	-	
	F	48	-	-	-	-	-	-	1	3	7	16	21	-	
B19 (5) Malignant neoplasm, larynx	M	5	-	-	-	-	-	-	-	-	-	5	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	
B19 (6) Malignant neoplasm, lung bronchus	M	116	-	-	-	-	-	-	1	5	40	46	24	-	
	F	30	-	-	-	-	-	-	1	5	4	10	10	-	
B19 Malignant neoplasm, breast	M	1	-	-	-	-	-	-	-	-	-	1	-	-	
	F	80	-	-	-	-	-	2	2	12	20	25	19	-	
B19 (8) Malignant neoplasm, uterus	F	24	-	-	-	-	-	-	1	4	5	4	10	-	
B19 (9) Malignant neoplasm, prostate	M	27	-	-	-	-	-	-	-	-	3	8	16	-	
B19 (10) Leukæmia	M	6	-	-	-	-	1	-	-	-	-	3	2	-	
	F	5	-	-	-	-	-	-	-	-	-	-	5	-	
B19 (11) Other malignant neoplasms	M	63	-	-	-	1	2	1	1	1	16	19	22	-	
	F	92	1	-	-	-	1	1	5	9	14	35	26	-	
B20 Benign and un- specified neoplasms	M	1	-	-	-	-	-	-	-	-	-	1	-	-	
	F	7	-	-	-	-	-	-	1	2	4	-	-	-	
B21 Diabetes Mellitus	M	4	-	-	-	-	-	-	-	-	-	1	3	-	
	F	16	-	-	-	-	-	1	-	2	1	2	10	-	
B46 (1) Other Endo- crine, etc. diseases	M	3	-	-	1	-	-	-	-	-	-	1	1	-	
	F	1	-	-	-	-	-	-	-	-	-	-	1	-	
B22 Avitaminoses and other nutritional deficiency	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	-	-	-	1	-	-	-	1	
B23 Anaemia	M	1	-	-	-	-	-	-	-	-	-	1	-	-	
	F	3	-	-	-	-	-	-	-	-	1	1	1	-	
B46 (2) Other diseases of blood, etc.	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	2	-	-	-	-	-	-	-	-	-	1	1	-	
B46 (3) Mental Disorders	M	4	-	-	-	-	-	1	-	1	-	1	1	-	
	F	2	-	-	-	-	-	-	1	-	-	-	1	-	
B24 Meningitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	-	
B46 (4) Multiple Sclerosis	M	1	-	-	-	-	-	-	-	1	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	-	
46 (5) Other Diseases of nervous system, etc.	M	5	-	-	-	-	-	-	1	1	-	1	2	-	
	F	14	-	-	-	-	-	-	-	-	2	5	7	-	

CAUSE OF DEATH	Sex	Total all ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS									74 and over
					1-	5-	15-	25-	35-	45-	55-	65-		
B25 Active rheumatic fever	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B26 Chronic rheumatic heart disease	M	3	-	-	-	-	-	-	-	-	2	-	1	
	F	15	-	-	-	-	-	-	1	4	2	4	4	
B27 Hypertensive disease	M	19	-	-	-	-	-	1	-	-	3	4	11	
	F	26	-	-	-	-	-	-	-	1	3	9	13	
B28 Ischaemic heart disease	M	303	-	-	-	-	-	2	6	23	58	115	99	
	F	293	-	-	-	-	-	-	1	7	20	74	191	
B29 Other forms of heart disease	M	43	-	-	-	-	-	1	-	1	5	11	25	
	F	89	-	-	-	-	-	-	1	2	6	10	70	
B30 Cerebrovascular disease	M	122	-	-	-	-	-	-	1	4	11	41	65	
	F	238	-	-	-	-	-	-	-	5	17	34	182	
B46 (6) Other diseases of circulatory system	M	41	-	-	-	-	-	-	-	-	3	16	22	
	F	55	-	-	-	-	-	-	-	-	3	14	38	
B31 Influenza	M	7	-	-	-	-	-	-	-	-	2	2	3	
	F	5	-	-	-	-	-	-	-	-	1	1	3	
B32 Pneumonia	M	56	1	1	-	-	-	-	-	-	7	8	39	
	F	101	-	-	-	-	-	-	-	2	3	17	79	
B33 (1) Bronchitis and Emphysema	M	60	-	-	-	-	-	-	-	1	12	21	26	
	F	21	-	-	-	-	-	-	-	2	2	5	12	
B33 (2) Asthma	M	2	-	-	-	-	-	-	-	-	2	-	-	
	F	3	-	-	-	-	-	-	-	-	-	2	-	
B46 (7) Other diseases of respiratory system	M	13	-	1	-	-	-	-	-	-	1	2	4	
	F	4	-	-	-	-	-	-	-	-	1	2	1	
B34 Peptic ulcer	M	18	-	-	-	-	-	-	-	2	3	6	7	
	F	8	-	-	-	-	-	-	-	-	-	1	7	
B35 Appendicitis	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B36 Intestinal ob- struction and hernia	M	3	-	-	-	-	-	-	-	-	1	1	1	
	F	12	1	-	-	-	-	-	-	-	-	1	10	
B37 Cirrhosis of liver	M	8	-	-	-	-	-	-	-	2	2	3	1	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
B46 (8) Other Diseases of digestive system	M	11	-	-	-	-	-	-	-	-	2	4	5	
	F	23	-	-	-	-	-	-	1	1	3	9	9	
B38 Nephritis and nephrosis	M	5	-	-	-	-	-	-	1	-	1	2	1	
	F	7	-	-	-	-	-	-	-	2	-	4	1	
B39 Hyperplasia of prostate	M	12	-	-	-	-	-	-	-	-	1	3	8	
B46 (9) Other diseases genito-urinary system	M	9	-	-	-	-	-	-	-	-	1	1	7	
	F	6	-	-	-	-	-	-	1	-	3	1	1	
B40 Abortion	F	-	-	-	-	-	-	-	-	-	-	-	-	
B41 Complications of pregnancy, etc.	F	-	-	-	-	-	-	-	-	-	-	-	-	
B46 (10) Diseases of skin, subcutaneous tissue	M	2	-	-	-	-	-	-	-	-	-	-	2	
	F	2	-	-	-	-	-	-	-	-	1	-	1	
B46 (11) Diseases of musculo skeletal system	M	4	-	-	-	-	-	-	-	-	-	-	4	
	F	12	-	-	-	-	-	-	-	-	-	1	11	
B42 Congenital anomalies	M	4	1	1	-	-	-	-	-	-	-	-	2	
	F	3	2	-	-	-	-	-	-	-	-	-	1	
B43 Birth injury, difficult labour, etc.	M	7	7	-	-	-	-	-	-	-	-	-	-	
	F	6	6	-	-	-	-	-	-	-	-	-	-	
B44 Other causes of perinatal mortality	M	2	2	-	-	-	-	-	-	-	-	-	-	
	F	4	4	-	-	-	-	-	-	-	-	-	-	
B45 Symptoms and ill-defined conditions	M	4	-	1	-	-	1	-	-	1	-	-	1	
	F	8	-	-	-	-	-	-	-	-	-	-	8	
BE47 Motor vehicle accidents	M	12	-	-	-	-	3	1	1	-	2	3	2	
	F	9	-	-	2	-	1	3	1	1	1	-	-	
BE48 All other accidents	M	37	1	2	1	2	2	2	1	3	3	4	16	
	F	49	-	2	1	-	1	-	3	1	2	4	35	
BE49 Suicide and self-inflicted injuries	M	6	-	-	-	-	-	2	-	2	2	-	-	
	F	10	-	-	-	-	2	-	-	1	1	4	2	
BE50 All other external causes	M	2	-	-	-	-	1	-	-	-	-	1	-	
	F	2	-	-	-	-	-	-	-	2	-	-	-	
Total all causes	M	1131	12	7	2	5	9	11	14	51	205	363	452	
	F	1383	14	2	3	-	5	7	21	71	135	808	817	

Deaths in Age Groups

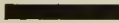
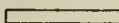
Age groups	Under 1	1-4	5-14	15-24	25-44	45-64	65-74	75+	Total
Totals	35	5	5	14	53	462	671	1269	2514

Cancer of lung. Persons dying of lung cancer expressed as a percentage of all deaths due to malignant disease including leukaemia: male 39%, female 9%.

Details of cancer and bronchitis deaths in the area are circulated monthly to members of the Health Committee and General Practitioners.

DEATHS OF INFANTS

RATE PER 1,000 ADJUSTED LIVE BIRTHS

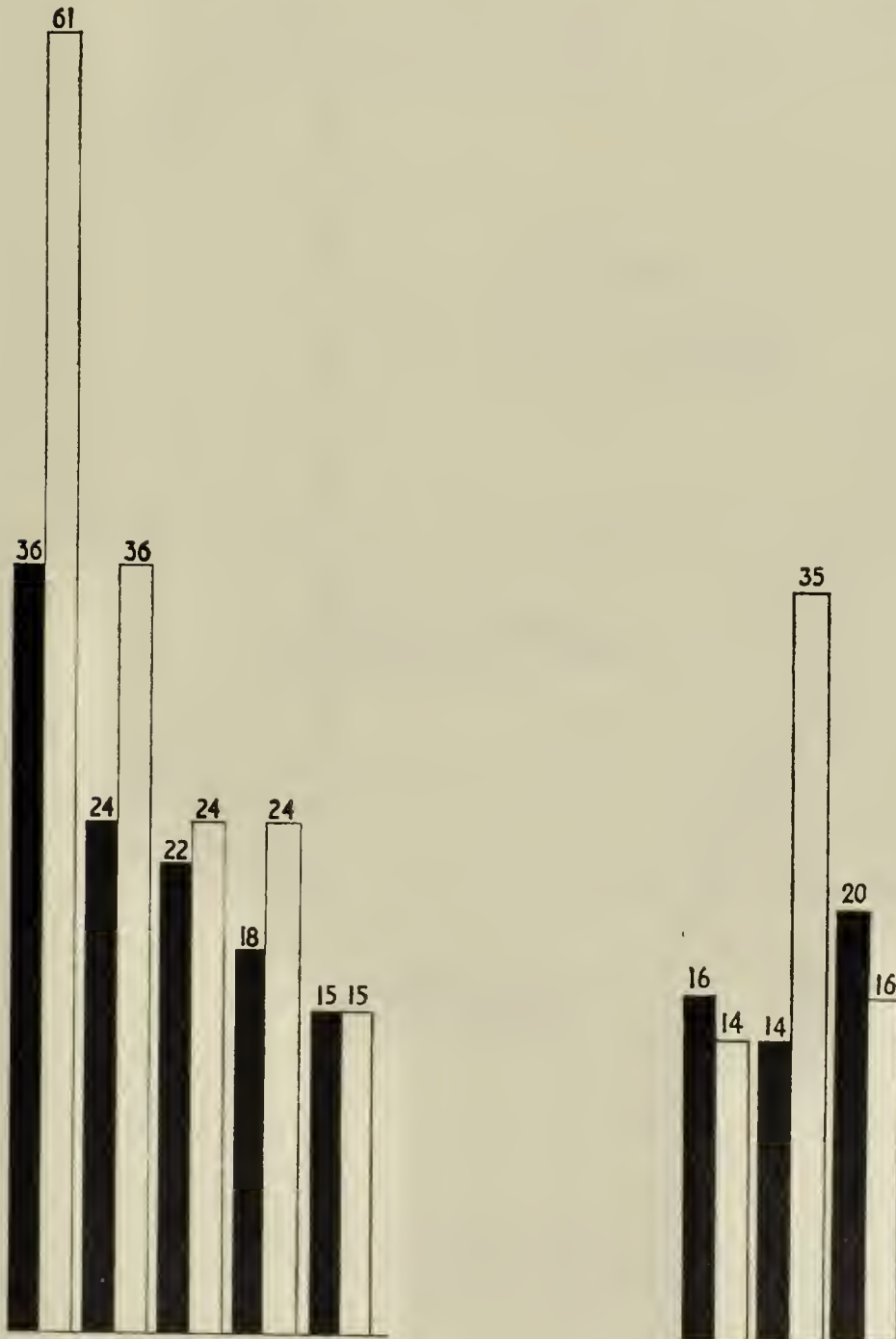
LEGITIMATE 
 ILLEGITIMATE 

QUINQUENNIAL AVERAGES

1946 - 1950
 1951 - 1955
 1956 - 1960
 1961 - 1965
 1966 - 1970

ANNUAL FIGURES

1970
 1971
 1972

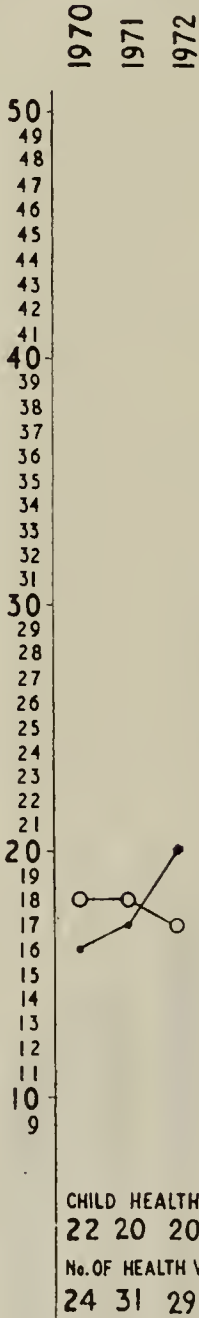
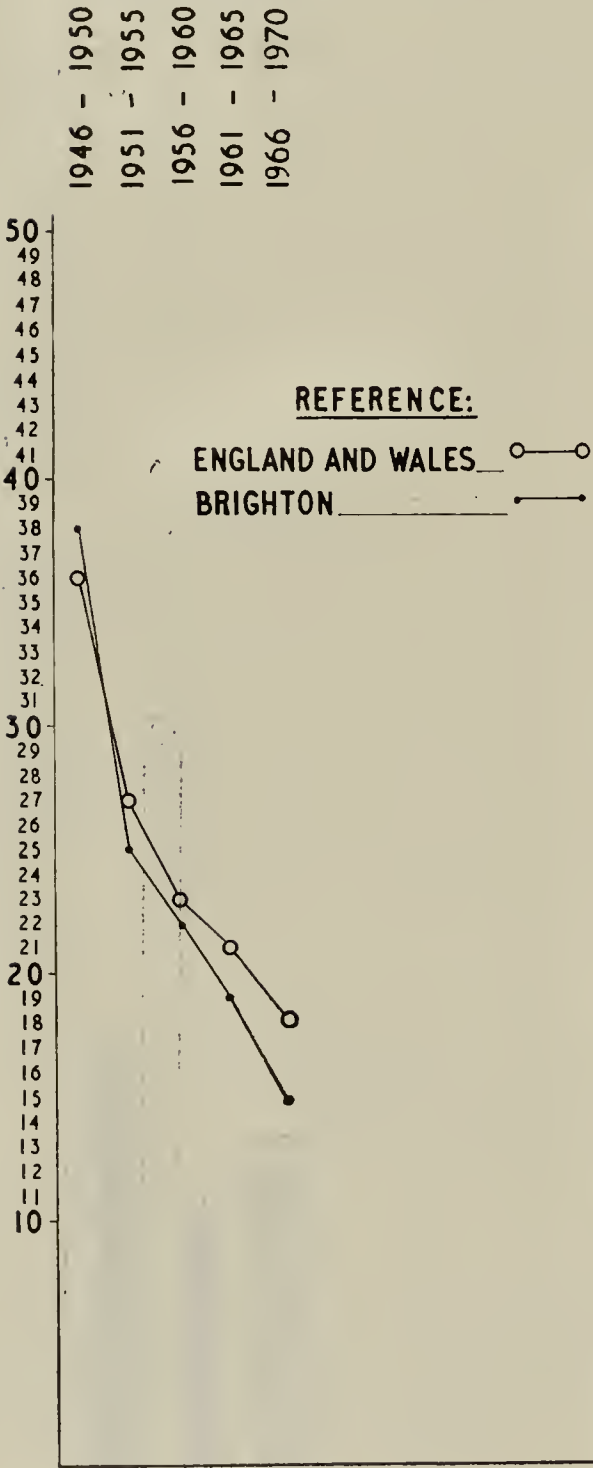


INFANT MORTALITY

RATE PER 1.000 ADJUSTED LIVE BIRTHS

QUINQUENNIAL AVERAGES

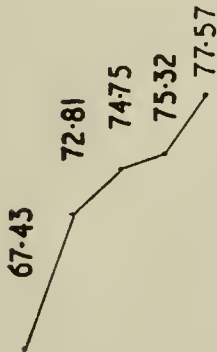
ANNUAL FIGURES



DEATH RATES CHANGES

QUINQUENNIAL AVERAGES

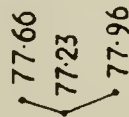
1946 - 1950
1951 - 1955
1956 - 1960
1961 - 1965
1966 - 1970



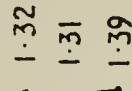
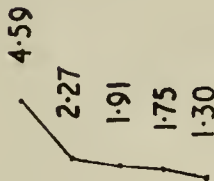
DEATHS 65 YEARS AND OVER EXPRESSED AS PERCENTAGE OF TOTAL DEATHS

ANNUAL FIGURES

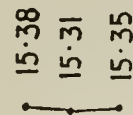
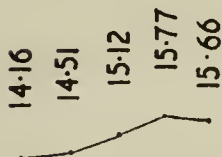
1970
1971
1972



DEATHS OF INFANTS EXPRESSED AS PERCENTAGE OF TOTAL DEATHS



DEATH RATE PER THOUSAND POPULATION



INFANT MORTALITY RATE PER 1,000 ADJUSTED LIVE BIRTHS

QUINQUENNIAL AVERAGES

ANNUAL FIGURES

	1960	1965	1970				
	1956	1961	1966		1970	1971	1972
MEASLES:	—	0.08	—		—	—	—
WHOOPING COUGH:	0.10	—	—		—	—	—
INFLUENZA, BRONCHITIS AND PNEUMONIA:	2.36	1.48	1.13		0.48	1.01	1.12
GASTRO-ENTERITIS:	0.18	0.34	0.45		0.48	0.51	—
BIRTH INJURIES, POST-NATAL ASPHYXIA AND ATELECTASIS:	6.36	3.64	3.27		2.44	2.54	4.48
CONGENITAL ANOMALIES	4.88	4.02	3.74		4.87	5.07	2.24
OTHER DISEASES PECULIAR TO EARLY INFANCY AND IMMATURITY UNQUALIFIED:	5.94	6.18	3.57		4.87	5.07	6.73
OTHER CAUSES:	1.96	2.90	2.85		2.92	2.54	5.04

INFANT MORTALITY 1972

Nett Deaths from stated causes at various ages under One Year of Age

CAUSE OF DEATH	Under 1 week		1-2 weeks		2-3 weeks		3-4 weeks		Total under 4 weeks		1-2 months		2-3 months		3-6 months		6-9 months		9-12 months		Total Deaths under one year
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Acute bronchitis and bronchiolitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Pneumonia, unspecified ...	-	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Viral pneumonia ...	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Other viral diseases ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Anencephalus ...	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Other congenital anomalies ...	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1
Other congenital anomalies of the circulatory system ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Other congenital anomalies of limbs	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Malignant neoplasm of ill defined sites	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Other hernia of abdominal cavity without mention of obstruction ...	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
Birth injury ...	1	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2
Anoxic and Hypoxic conditions not elsewhere classified ...	6	5	-	-	-	-	-	-	6	5	-	-	-	-	-	-	-	-	-	-	11
Immaturity unqualified ...	2	3	-	1	-	-	-	-	2	4	-	-	-	-	-	-	-	-	-	-	6
Accidental mechanical suffocation	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	1	1	-	-	-	4
Sudden death (cause unknown)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Inattention at birth ...	1	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
Totals ...	12	12	1	1	-	-	-	-	13	13	2	-	2	-	2	1	1	-	1	-	35

Diseases Notified during the year 1972										No. cases (not necessarily notified during Year) removed to Isolation Hospital	
NOTIFIABLE DISEASE	At all ages	Age Incidence									
		Under 1	1	2	3	4	5-9	10-14	15-24	25+	
Measles ...	274	15	25	29	30	32	136	3	4	—	—
Dysentery...	57	—	1	4	4	2	13	6	7	20	11
Scarlet Fever ...	34	—	2	2	2	4	19	—	3	2	1
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infection ...	1	—	—	—	—	—	1	—	—	—	—
Acute poliomyelitis: paralytic ...	—	—	—	—	—	—	—	—	—	—	—
non-paralytic ...	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough...	7	—	1	1	—	2	2	—	—	1	—
Smallpox ...	—			0.4	5-14	15-44	45-64	65+			
Anthrax ...	—			—	—	—	—	—			
Yellow Fever ...	—			—	—	—	—	—			
Acute Encephalitis infective ...	—			—	—	—	—	—			
post infectious ...	—			—	—	—	—	—			
Leptospirosis ...	—			—	—	—	—	—			
Paratyphoid ...	3			—	—	2	1	—			
Enteric or Typhoid Fever...	—			—	—	—	—	—			
Food Poisoning	10			2	1	4	1	2			
Tetanus ...	—			—	—	16	8	—			
Infective Jaundice	30			—	—	—	—	6			
Tuberculosis (see p. 74)	—			—	—	—	—	—			
Malaria ...	—			—	—	—	—	—			

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Incidence

The number of cases of infectious disease notified during the year, classified into age groups, and the number of cases admitted to Foredown Infectious Diseases Hospital, together with a comparison with the number of cases reported for 1971, are shown in the tables on pages 40 and 42.

On the 14th October, 1972, Foredown Hospital ceased to function as an infectious diseases hospital and preparations were made for its new role as a hospital for mentally and physically handicapped persons.

It has been decreed by the Regional Hospital Board that cases of infectious diseases requiring hospitalisation should be admitted to both Brighton General Hospital and the Royal Sussex County Hospital. However, due to lack of suitable facilities at the Brighton General Hospital, all cases are at present admitted to either York Ward or Emergency Ward 2 at the Royal Sussex County Hospital.

Scarlet Fever

The comparison of 34 notified cases for 1972 against 41 for the preceding year rather indicates that the infection ceases to be a social problem. However, it is feasible that for each case notified there may be four not notified largely due to the ignorance or complacency of parents who treat a sore throat as a case of tonsillitis and nothing more. Therefore, we cannot be too confident that scarlet fever is actually on the decline.

Dysentery

This infection continues to present a problem, and during the year two separate outbreaks occurred at a hostel accommodating mentally handicapped children. However, due to the efficiency of the matron and her staff, the infection was confined to the inmates and the spread was minimised to immediate family contacts only.

From practice, general practitioners are prone not to give antibiotic treatment for bacillary dysentery as there is a tendency to prolong the infection in doing so. The trend is to allow the infection to take its course. It usually clears up after 2-3 weeks, though one or two cases have continued for some five months. In the event of non-treatment, strict personal hygiene is essential in order to prevent the spread of infection and this is at times difficult, especially when faced with poor living conditions and in some instances the mental inability of the person to grasp the basic essentials of hygiene.

Food Poisoning

The causative organisms in the ten cases notified were as follows:

<i>Salmonella typhimurium</i>	...	...	...	5
<i>agona</i>	...	...	...	1
<i>havana</i>	...	...	...	1
<i>montevideo</i>	...	...	...	1
<i>St. Paul</i>	...	...	...	1
<i>Clostridium welchii</i>	...	...	...	1

Whilst the low figure does reflect an improvement in the control of food poisoning, through better hygiene in catering premises, it would be folly to think that the problem is now completely under control.

Symptoms of food poisoning are often passed over by the sufferer as 'gastritis' or 'a chill in the stomach' and consequently remain unreported.

The use of antibiotics in treating cases of gastro-enteritis also makes it impossible for specimen stools to reveal, on bacteriological examination, the true cause of the illness.

Diphtheria

For the ninth year in succession no case of diphtheria has been notified.

Poliomyelitis

No case of poliomyelitis has been notified since 1961.

Whooping Cough

Judging by the low number of cases reported for 1972, one feels that like measles, the immunising procedure for whooping cough is beginning to take effect.

Measles

The biennial trend continues and the number of cases reported show a very promising decline in this infection. As previously reported, the immunising programme continues to prove very effective.

Infective Jaundice

The number of cases reported for 1972 is lower than the previous year. However, investigations have revealed that contacts have been those with mild symptoms and without jaundice and in such conditions are passed unnoticed, and yet these people are potential carriers of the infection. Therefore, it can be safely said that infective jaundice still persists amongst the population, with a tendency to manifest itself more during the winter period than the summer.

Disease	1972	1971	Disease	1972	1971
Measles	274	842	Yellow Fever	—	—
Dysentery	57	25	Acute Encephalitis	—	2
Scarlet Fever	34	41	Leptospirosis	—	—
Diphtheria	—	—	Paratyphoid	3	—
Meningococcal infection	1	—	Enteric or Typhoid Fever	—	1
Poliomyelitis	—	—	Food Poisoning	10	19
Ophthalmia Neonatorum	—	3	Tetanus	—	—
Whooping Cough	7	42	Infective Jaundice	30	47
Smallpox	—	—	Malaria	—	1
Anthrax	—	—			

Venereal Diseases

Mrs. B. Hedden, Social Worker, reports:

The continuing high rate of sexually-transmitted diseases indicates the degree of promiscuity amongst young people. With a few exceptions, the group most at risk is between the ages of 15–26. The fact that the number of people infected year by year does not decline is evidence that promiscuity is becoming increasingly the accepted norm amongst this age group. With the fear of unwanted pregnancy largely gone, many young people, women as much as men, consider that they can happily have sexual relations with several regular partners. There is also evidence to show that many more young people experience merely casual sexual contacts. Any consequent infection may be difficult to trace. The fact that so few women have any noticeable symptoms in the early stages of infection complicates the situation considerably.

Prevention and cure are the responsibility of the medical services. Prevention through Health Education is restricted by various factors. There is the further dilemma in Health Education as to where the responsibility lies for the teaching of information. Prejudice and apprehension amongst some parents and teachers can restrict planning in this field.

Lastly, there is no guarantee that even when knowledge of venereal disease has been taught and understood that there will be any change in the consequent sexual behaviour of young people. Sex is a strong instinct and can easily overcome any regard to caution.

The saying 'Once bitten, twice shy' does not appear to affect the young people's sexual behaviour either. Patients return to the Clinic with newly acquired infection time and time again.

The facility of treatment and practical certainty of cure tends to lead to complacency and carelessness in attendance. The serious risks which defaulters expose themselves to remain unknown to the majority. A great deal of time is spent educating and reminding them of the risks, not always with much success.

There is little chance of any decline in the incidence of venereal disease; the pattern is much the same worldwide. It is one of these situations where one has to wait for a change in attitude amongst the entire group of young people. Moral teaching by a different generation is ineffective. Attitudes are caught, not taught.

The Health Department has continued to try to co-operate with the Special Clinic in tracking down suspected infected persons and in reducing the number of defaulters. 404 patients were referred during the year.

New local cases treated at the Brighton Special Treatment Centre:

				1972		1971	
				M.	F.	M.	F.
Syphilis...	...	...	...	22	2	17	3
Gonorrhoea	...	...	...	228	113	232	113
				250	115	249	116
Other conditions	...	...	...	633	370	573	296

The total number of patients attending the Brighton Centre for the first time was 2,631.

CARE OF MOTHERS AND YOUNG CHILDREN

Congenital malformations

Seventeen abnormalities noticed at birth (15 live, 2 stillbirths) were notified to the Registrar General.

'At Risk' and Handicapped Registers

Two hundred and ninety-four children were initially placed on the 'At Risk Register, 80 remained after one year. The number at present on the handicapped register under five years of age is 142.

VACCINATION AND IMMUNISATION

Smallpox Vaccination

Records were received for 333 persons. The following table gives the numbers vaccinated and the percentage vaccinated within each age group.

	Under 1 year		1 year		2-4 years		5-15 years		Total under 16 years	
	No.	%	No.	%	No.	%	No.	%	No.	%
Primary	8	0.4%	132	6.6%	24	0.4%	20	0.1%	184	0.5%
Re-vaccination	—	—	1	—	10	0.2%	138	0.6%	149	0.4%

All smallpox vaccinations and re-vaccinations were given by the family doctors.

Smallpox lymph has been supplied by post to the family doctors and hospitals.

A traveller returning from Iraq caused an outbreak of smallpox in Yugoslavia during March. Smallpox Vaccination Certificates were required from travellers returning to the United Kingdom from Yugoslavia until 10th April.

Yellow Fever Vaccination

The Yellow Fever Vaccination clinic was open each Thursday afternoon and 1,804 patients attended. This was 72 more than in 1971.

Diphtheria, Tetanus, Whooping Cough, Polio, Measles and Rubella Immunisations

		1972	1971	1970	1969	1965-1968	Others under 16 yrs	Total under 16 yrs
Diphtheria/Tetanus Whooping Cough	Primary Booster	90 —	1199 17	192 7	23 5	23 36	5 3	1532 68
Diphtheria/Tetanus	Primary Booster	— —	16 —	37 1	12 3	61 1324	4 74	130 1402
Diphtheria	Primary Booster	— —	— —	— —	— —	— 3	— 3	— 6
Tetanus	Primary Booster	2 —	5 —	1 1	1 —	— 7	40 10	49 18
Sabin Oral Polio	Primary Booster	89 —	1241 17	234 8	39 8	101 1373	20 89	1724 1495
Measles	Primary Booster	1 —	659 —	366 —	56 —	100 —	6 —	1188 —
Rubella	Primary Booster	— —	— —	— —	— —	— —	1197 —	1197 —
Total Diphtheria	Primary Booster	90 —	1215 17	229 8	35 8	84 1363	9 80	1662 1476
Total Whooping Cough	Primary Booster	90 —	1199 17	192 7	23 5	23 36	5 3	1532 68
Total Tetanus	Primary Booster	92 —	1220 17	230 9	36 8	84 1367	49 87	1711 1488

Diphtheria, Tetanus, Whooping Cough Immunisation

The family doctors gave 56% of the total primary immunisations with diphtheria/tetanus/whooping cough triple antigen, and the Child Health Centres gave 44%.

The family doctors gave 36% of the total boosters of diphtheria, tetanus; the Child Health Centres gave 45% and the School Clinic gave 19%.

Measles Vaccination

1,188 children were given measles vaccination, a decrease of 170 below the total for 1971.

Rubella Vaccination

All girls between 12 and 13 years were offered the rubella vaccination at the secondary schools. 1,197 received the rubella vaccination totalling 60% of the girls in the two age groups.

Poliomyelitis Vaccination

Sabin Oral Vaccine was used throughout the year.

Completion of Primary Course of Three Oral Polio

Year of Birth	General Practitioners	Child Health Centres	School Clinic	Totals
1972	50	39	—	89
1971	680	561	—	1241
1970	170	64	—	234
1969	21	18	—	39
1965-68	70	18	13	101
Others under 16	15	—	5	20
Totals	1006	700	18	1724

The total number of primary polio courses given was 71 more than in 1971.

Boosters of Oral Polio Vaccine

Year of Birth	General Practitioners	Child Health Centres	School clinic	Totals
1971	—	17	—	17
1970	—	8	—	8
1969	6	2	—	8
1965-68	512	626	236	1374
Others under 16	59	2	27	88
Totals	577	655	263	1495

The total number of boosters of oral polio vaccine was 529 less than in 1971.

Influenza Vaccination

The Ambulance Service, Crematorium Staff, Health Visitors, Midwives, Public Health Inspectors and District Nurses were offered influenza vaccination in the autumn and a total of 106 members of the staff attended.

Computer Appointment Scheme

The computer appointment scheme continued during 1972.

Anthrax and Tetanus Vaccinations

Fourteen vaccinations were given to the Public Abattoir staff in November.

Vaccination and Immunisation of Children

The following table shows the national percentages, compared with the percentages vaccinated in Brighton for the year ending 31st December, 1972.

	Children born in 1970		
	Whooping Cough	Diphtheria	Poliomyelitis
	%	%	%
ENGLAND	79	81	80
BRIGHTON	77	84	85

B.C.G. Vaccination of School Children

Children at Secondary Schools	Maintained Schools		Independent Schools	
Estimated number of eligible pupils	1813		400	
Number of Consents received	1771		343	
Number of Skin Tests	1534		303	
Positive Reactors to Skin Tests	79		25	
Post Vaccination Positive	70		13	
Vaccinated	1259		245	
Positive Reactors as % of Persons Skin Tested	1972	1971	1972	1971
	5.1%	2.7%	8.3%	6.8%
Positive Reactors + those vaccinated as % of the estimated number eligible	73.8%	72.2%	67.5%	63.3%

The total of 1,504 B.C.G. vaccinations given during 1972 is 417 less than the total for 1971.

The reduction has occurred because two large schools were visited twice in 1971 and only once in 1972.

Positive reactors who had not previously received a B.C.G. vaccination were given appointments to attend for x-ray at the Brighton Chest Clinic. Two children were recalled for further examination.

Further Educational Establishments

B.C.G. vaccinations were offered to the Sussex University and the Colleges of Further Education.

Only one student attended from the Colleges of Further Education, and the B.C.G. vaccination could not be given because he was receiving other vaccinations at the time.

Attendances at the University were:

Skin tests	...	...	...	...	...	84
Positive reactors to skin test				...	...	42
Vaccinations	...	...	...	...	...	17

The proportion of positive reactors was 50% compared with 27% in 1971. X-ray appointments were not made because the students receive an annual x-ray from the Mass Radiography Centre.

Skin Tests and B.C.G. Vaccination

The skin tests were given by a School Nurse and the vaccinations were given by a Medical Officer.

Dental Health

J. B. HERINGTON, L.D.S., R.C.S., Chief Dental Officer

The very serious shortage of dental surgeons in the department (there were only 1.4 on my arrival in April) has meant considerable limitation upon the service for the pre-school children together with the expectant and nursing mothers. The latter priority group are apparently being well cared for by the general dental practitioners and the demand for treatment from this department is for practical purposes nil. As we are not permitted to continue treatment for this class of patient beyond the first birthday of their child, it is in my opinion more satisfactory for the mothers to be treated by general dental practitioners where there can be continuity over the years.

In the pre-school children priority class, 603 children were given a first inspection, this representing about 14% of the population in the 3-5 age group and is about twice the average of clinics nationally in spite of our staffing difficulties. 166 children (26½%) were found to be in need of some treatment, 397 fillings were provided (2.5 average) and 103 teeth were extracted. Our recall system for patients allowed for the re-examination of 295 of these children, when 39 again required some treatment.

Depressing statistics for our toddlers not yet five years old and what better evidence for the need of visits to the dentist at an early age? To this end in 1966 my able predecessor, Mr. W. H. Garland, introduced the scheme for sending every child a greetings card on their third birthday with a pre-paid section for the parent to return requesting an appointment. The response over the six years has been a very steady 11%, but it is not unreasonable to hope that at least an equal number are encouraged to make an appointment with a general practitioner. I do so hope that schemes like this will not be curtailed even temporarily at the changeover in April 1974.

Water fluoridation is now emerging as the only truly effective public health measure to counter dental caries as the youngsters in Birmingham and Newcastle are demonstrating. The statistics are encouraging enough but even they do not take into account the greater clinical ease with which the caries, which still occur, can generally be treated particularly in the very young.

I would like to thank all my colleagues in the Health Department for their welcome to me and particularly to the members of the Maternal and Child Health Service who do so much to sow the initial seeds of dental awareness in a mother's mind for the future dental health of her child.

Part A. Attendances and Treatment

Number of Visits for Treatment during Year

	Children 0-4 (inclusive.)		Expectant and Nursing Mothers	
First Visit	(1)	171	(13)	1
Subsequent Visits	(2)	251	(14)	1
Total Visits		422		2
Number of Additional Courses of Treatment other than the First Course commenced during year ...	(3)	39	(15)	1
Treatment provided during the year—Number of Fillings	(4)	397	(16)	2
Teeth Filled	(5)	365	(17)	1
Teeth Extracted	(6)	103	(18)	—
General Anaesthetics given	(7)	49	(19)	—
Emergency Visits by Patients	(8)	34	(20)	—
Patients x-rayed	(9)	5	(21)	—
Patients Treated by Scaling and/or Removal of Stains from the teeth (prophylaxis)	(10)	8	(22)	—

Teeth otherwise Conserved	(11)	23		
Teeth Root Filled			(23)	—
Inlays			(24)	—
Crowns			(25)	—
Number of Courses of Treatment Completed during the year	(12)	166	(26)	1

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)			(27)	—
Patients Supplied with Other Dentures			(28)	—
Number of Dentures Supplied			(29)	—

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers			(30)	—
---	--	--	------	---

Part D. Inspections

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of Patients given First Inspections During year	(A) 603	(D) 1
Number of Patients in A and D above who required Treatment	(B) 166	(E) 1
Number of Patients in B and E above who were offered Treatment	(C) 153	(F) 1
Number of Patients re-inspected during year	(J) 295	(K) —

Part E. Sessions

Number of Dental Officer Sessions (i.e. Equivalent complete Half Days) Devoted to Maternal and Child Health Patients:	
For Treatment	(G) 48
For Health Education	(H) 59

PERSONAL HEALTH SERVICES

Mrs. EILEEN COTTER, Director of Nursing Services

Establishment

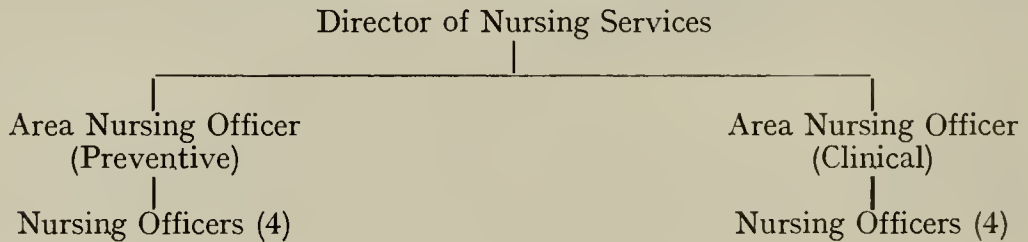
Director of Nursing Services	...	...	...	...	1
Superintendent Midwife...	...	...	...	...	1
Senior District Midwife	...	...	...	...	1
District Midwives	...	...	...	...	10
Superintendent Health Visitor	...	...	...	...	1
Group Advisers	...	...	...	...	4
Health Visitors	...	...	...	...	29
Student Health Visitors...	...	...	...	...	3
Sessional Nurses	...	...	...	...	8*

(*full-time equivalent.)

The School Nurses and District Nurses establishments are recorded separately in the report.

Mayston Structure

Discussions were held early in the year with representatives of the Department of Health and Social Security. Following a subsequent meeting of the Department's representatives with officials of the Brighton District Nursing Association, the following Management Structure was approved by the Department.



STAFF CHANGES IN 1972

Resignations

Mrs. Armstrong	...	Midwife	March 28th
Mrs. Fellbaum	...	Midwife	April 17th
Mrs. Elliott	...	Geriatric Health Visitor	September 30th
Mrs. Ashing	...	Midwife	September 30th

Appointments

Mrs. Birks	...	Midwife	March 1st
Miss Bellerby	...	Midwife	April 1st
Mrs. Mulcahy	...	Midwife	June 2nd
Mrs. Brown	...	Health Visitor	September 30th
Mrs. McLean	...	Health Visitor	September 30th
Mrs. Haw	...	Geriatric Health Visitor	November 1st

(Part-time)

Student Health Visitors Sponsored for Training, 1972/1973

Mrs. Ashing (former midwife)
 Mrs. Davies
 Mrs. Watson

Award of National Scholarship to a member of the Health Visiting Staff

Miss K. M. Kerr, health visitor, was awarded the first MAWS-ED Scholarship presented in conjunction with the Health Visitors' Association. Miss Kerr's prize-winning essay was concerned with problems of children living in high-rise flats, and for five months Miss Kerr studied this important problem in this country and in Sweden. The results of her research will be published in 1973.

Staff Training

Two senior members of staff attended Senior Management Courses to prepare them for posts in the future management structure. Places were also reserved for the remaining four proposed first-line managers to attend courses early in 1973.

Health visitors and midwives due for refresher courses attended various educational establishments throughout the country, and benefited from courses arranged by professional organisations.

In addition, members of staff availed themselves of the opportunity to attend refresher courses arranged by the East and West Sussex Local Authorities.

In-Service Training

The Sussex Post-Graduate Medical Centre continued to be a focal point for lunch-time courses, where representatives of all disciplines were able to meet, hear lecturers of national eminence, and take part in the subsequent discussions.

A Course in Community Medicine extending over 3 months, covered the following subjects:

- Community Medicine: Concept and Prospect.
- The Problems: Supposition and Reality.
- Community Paediatrics.
- Developmental Assessment.
- Re-shaping Medical Attention: Cottage Medicine or . . . ?
- Geriatric Realities.
- Social Aspects of Psychiatry.
- The Chronic Sick.
- Involving the Community—the place of Health Education.
- The Nurse and the Community.
- Linking the Services.

One of the most outstanding speakers on this course was Dr. Rosemary Graham, Principal Medical Officer for Child Health, London Borough of Wandsworth. It was felt that a far wider audience should participate in seminars on *Developmental Paediatrics*, and two one-day seminars were therefore held at Brighton Polytechnic.

Morning sessions were devoted to illustrated lectures and were open to a wide audience of doctors, nurses (particularly health visitors) and other interested professions. Afternoon sessions consisted of practical demonstrations on children, carried out by Dr. Graham, to a small selected group of general practitioners and local authority medical staff, in the atmosphere of a clinic.

These sessions were extremely well attended and were most instructive.

Nurse Education

The publication of the Briggs Report on Nurse Education aroused great interest and considerable criticism from those involved in nurse education. Three themes are inextricably intertwined in this report:

- (i) Education.
- (ii) Conditions of work, careers, promotion, balance of work.
- (iii) Manpower.

The failure rate among nurses in training in recent years, as well as other causes of 'wastage', also gave rise to great concern and much publicity in 1972.

It is hoped that the philosophy of the Briggs' recommendations, if accepted, will help to redress this serious situation, as recruitment to the community services is vitally dependent on the success of basic nurse training.

Community Nursing Experience

During 1972, 203 students accompanied the staff during home-visiting sessions, and also attended Child Health Clinics. These students came from a variety of sources:

- Student Hospital Nurses
- Student Midwives
- Obstetric Students
- District Nurse Students
- Nursery Nurse Students
- Health Visitor Students (for Out-County experience)
- Student Social Workers

Resignation of Principal Nurse Tutor (Hospital)

It was with regret, that we learned of the retirement of Mrs. Lancaster, Principal Nurse Tutor, Brighton and Lewes Hospital Management Committee, in July 1972.

Mrs. Lancaster, through her keen interest in Community Nursing, had been a tower of strength in forging links with the Local Authority Nursing Services.

Many of her local authority colleagues, both doctors and nurses, were privileged to attend her retirement party held at the School of Nursing.

Her successor, Miss Kirchner, Principal Nursing Officer (Teaching), has already proved her keenness to further the integration between hospital and community.

Co-ordination and Co-operation of Community Nursing Services with Family Doctor and Hospital Services.

(a) Family Doctors

Complete attachment of nursing staff to general practitioner services was completed in 1971, but during the year, additional groups of staff were transferred from local authority clinics to general practitioner bases when suitable accommodation was made available. There are still no Health Centres in Brighton.

(b) Hospital Liaison

- (i) *District Nursing Sisters* visit the two large hospitals three times each week, the smaller hospitals once weekly.
- (ii) *Geriatric Health Visitors* are seconded to the Geriatric Unit at Brighton General Hospital on a six-monthly rota system—this is to avoid any one person becoming too hospital orientated!
- (iii) *Health Visitors* attend the Paediatric Out-patients and do weekly ward-rounds with the Paediatricians, also on a six-monthly rota system. Discussions are in progress for a liaison health-visitor to be attached to the Diabetic Clinic, and the Hospital Family Planning Clinic.

- (iv) *The Senior District Midwife* attends the Maternity Unit at the Royal Sussex County Hospital and Brighton General Hospital Lying-in Wards daily, discusses arrangements for early and normal discharges, and carries out Guthrie Tests on all babies.
- (v) *Parentcraft Sessions*. All teaching sessions are held in the Royal Sussex County Hospital—they are programmed one year in advance, the teaching being shared by hospital midwives, domiciliary midwives and health visitors. Special evening classes are held for expectant fathers.

Research

(a) *In Conjunction with Local Authorities*. The Research and Development Section of the East Sussex County Council Social Services Department is the co-ordinating body for the Survey on Ageing, concurrently being conducted by the Administrative County of East Sussex and the County Boroughs of Brighton, Eastbourne and Hastings.

The first stage of the survey was a postal sift on a random sample of households from the electoral register. The formula used to determine the sampling interval was the same as that recommended by the D.H.S.S. 6,067 families were sampled in Brighton, 4,708 replies were received, 354 having moved or died, etc. Out of this number 1,041, covering all age groups, suffered a single or multiple impairment.

The second stage of the survey—an in-depth interview with a random sample of retirement people responding to the postal sift—is still in progress and the results will be known in the near future.

The interviews were conducted by health visitors, and the work proved so time-consuming that an additional part-time health visitor was recruited to assist them in their task.

(b) *In Conjunction with Hospitals*. Towards the end of 1972, the Paediatricians at the Royal Alexandra Hospital for Sick Children initiated a Survey on Babies with a Low-Blood Sugar at Birth, in order to see if they suffer any disadvantages in later life. During 1970/71, 15 babies were known to have had a low-blood sugar at birth—the health visitors were asked to locate these children, now aged two years, to explain to the mothers the object of the survey, and arrange for them to be seen by a paediatrician and clinical psychologist. The outcome of the survey is still awaited.

(c) *In Conjunction with the University of Sussex*. Senior members of the staff were invited to join multidisciplinary advisory groups as part of a project concerned with the integration of the health services. The project related to the Brighton and East Sussex area, is a study to see how the proposed unification of the National Health Service can be made to work at area level, and is conducted under the direction of Dr. P. J. McEwan, Director of the Centre for Social Research at the University of Sussex.

Towards Integration—1974

Crossing of Boundaries.

The complete attachment of the community nursing services to general practitioners in 1971, although highly successful, quickly produced new problems, as general practitioners have no defined areas. In a densely populated area, problems arise when one side of a road is the responsibility of one local authority and the opposite side the responsibility of a neighbouring authority. A pilot scheme, 'Crossing boundaries', with Hove was an immediate success, and a complete scheme was achieved by the end of March.

Similar arrangements for the remainder of East Sussex borders were achieved by the end of September.

It was unanimously agreed that Brighton, Hove and East Sussex Nursing Staff should use the same method of recording statistics as from 1st January, 1973.

Joint Liaison Committees

The 'White Paper'—National Health Service Reorganisation: England—presented to Parliament in August 1972 outlined the procedure for Establishing Joint Liaison Committees in each proposed new Health Area, composed of representatives from each existing authority. Their task would be to prepare statements of existing resources and to consider current plans, administrative structures, and so on, and to thus assist the shadow authorities in their new tasks. The Medical Officer of Health and the Director of Nursing Services were nominated to serve on the Joint Liaison Committee.

Medical Arrangements for Long-Stay Immigrants

The Health Visitors working from the Chest Clinic continued to visit these cases in order to assist immigrants with their medical arrangements and make appointments for any necessary x-rays.

Number of advice notes received	...	...	119
Number of successful visits	...	...	117

Nursing Homes

The number of nursing homes on the register at the end of the year was:

Maternity homes	...	...	...	...	Nil
Other homes	...	...	...	...	18
Total number of beds...	...	...	...	...	382

Maternal Deaths

No maternal deaths occurred during the year.

Child Health Centres

Number of children attending — 0–12 months	...	...	...	1,116
Number of children attending — 1–5 years	...	...	...	3,001
Total number of attendances at the centres	...	...	...	20,562
Number of occasions children seen by doctor	...	...	...	7,773
Number of children referred for Orthopaedic treatment	...	...	...	41
Number of children referred for Ophthalmic treatment...	...	...	...	71
Number of children referred for Dental treatment	...	...	...	214

Child Health Clinics held at Doctors' Surgeries (Group Practice Attachment)

Clinics were held at seven surgeries.

Total number of attendances at clinics	...	...	...	5,712
Number of occasions children seen by doctor	...	...	...	1,776

Child Health Clinic—University of Sussex

A clinic has been held once a month since March 1972.

Total number of attendances	...	...	...	105
Number of occasions children seen by doctor	...	...	...	7

Orthopaedic Clinic—Children under five

Number of children treated...	...	...	...	44
Number of attendances	...	...	...	89

<i>Surgeon's Clinic</i> —New cases seen by the Surgeon (included in numbers above)	...	...	...	13
Number of re-examinations	...	...	...	3

Verminous Cases

Thirty-eight children under school age were cleansed at the School Clinic during the year.

The Mobile Clinic continues to be used as a child health centre in a district where no suitable buildings exist and for medical examinations at schools where there is no accommodation available. During the year the clinic was part of another use, at the Transport Department once monthly, for examining staff for heavy goods vehicle and public service vehicle licences.

Welfare Foods

Issues of Welfare Foods from kiosk at Royal York Buildings, Child Health Centres and Group Practices.

	1968	1969	1970	1971	1972
Orange Juice, bottles ... (Withdrawn during 1972)	41,966	44,043	43,053	43,530	6,239
Cod Liver Oil, bottles ... (Withdrawn during 1972)	2,511	2,375	1,947	1,157	12
A and D tablets in packets (Withdrawn during 1972)	3,161	2,786	2,855	1,830	903
National Dried Milk packets	24,423	20,310	17,361	7,458	6,017
A, D and C drops, bottles... (from April 1971)	—	—	—	3,339	7,735
Vitamin A, D and C combined tablets in containers	From April				496

Premature Live Births

	TOTAL	Died within		
		24 hours of birth	1-7 days	7-28 days
Born in hospital	113	17	3	1
Born at home and nursed there ...	—	—	—	—
Born at home and transferred to hospital on or before 28th day ...	—	—	—	—

Premature Stillbirths

Born in hospital ...	13
Born at home ...	0

Family Planning

The Sussex Branch of the Family Planning Association acts as the Authority's agent. During the year financial responsibility was accepted for 241 cases. Because of difficulties in recruitment of Medical Staff the Domiciliary Service had not yet commenced before the end of the year.

Early Detection of Deafness

Of the 1,281 children under five years of age who were screened, 44 were referred for detailed investigation.

Ophthalmia Neonatorum

No cases were notified during the year.

Deprived Children

The meetings of the Co-ordinating Committee continued as hitherto and case conferences were arranged as necessary.

Nurses' Agency

There were two licensed nurses' agencies on the register at the end of the year, with the following number of nurses on the register:

Female ...	...	S.R.N.	...	...	...	285
Male ...	...	S.R.N.	...	...	...	7
Female ...	...	Enrolled Nurses...	...	...	...	45
Male ...	...	Enrolled Nurses...	...	...	...	1
Certified midwives	...	...	...	...	...	45

DOMICILIARY MIDWIFERY SERVICE

Non-Medical Supervisor: Mrs. M. Wood

Senior Midwife: Miss C. J. M. Dean

Midwives: Mrs. G. B. Armstrong – left April
 Mrs. M. G. A. Ashing – left September
 Mrs. E. Fellbaum – left April
 Miss M. Holdaway
 Mrs. S. I. Jones
 Miss M. Munt
 Mrs. M. Wilkinson
 Mrs. A. C. Wood
 Mrs. N. Birks – joined March
 Miss F. Bellerby – joined April
 Mrs. S. Mulcahy – joined June

1972 saw a number of staff changes, the number being increased by one; Mrs. Norma Birks transferred to us from the School Nursing service in March. In April, Mrs. Armstrong and Mrs. Fellbaum left, one to remarry and the other moving to another field of nursing. Then in June Mrs. Ashing was accepted for Health Visitor training and left in September. The following midwives joined the service as replacements: Miss Frances Bellerby in April, Mrs. Shirley Mulcahy in June and the third midwife will be joining us early next year.

The number of home confinements was only 15, of these 5 were emergencies booked for hospital, but failing to get there in time.

Early discharge from hospital for Home Nursing: 1,740.

The number of early discharges from hospital is growing steadily, more so as the annexe at Brighton General Hospital has been closed for a time, and although some discharges are planned, the majority of patients are now discharged from hospital within five or six days. All the discharged patients are visited by the domiciliary midwives up to and including their tenth day. Those whose tenth day or more discharge falls over the weekend, are also visited by the midwife as the health visitors are not on duty.

The Mothercraft classes at the Royal Sussex County Hospital, held jointly by the hospital and domiciliary midwives and health visitors for Brighton and Hove, have been satisfactory. They continue to grow in numbers, with new ideas for teaching occurring from time to time.

We are continuing to train student midwives, four every three months, from Southlands Hospital. They receive a full community care training included with the midwifery programme. We also take out the obstetric nurses in training at the Royal Sussex County Hospital, to put them in the picture of community care.

The Emergency Obstetric Unit was not required.

Emergency Medical Aid was not required.

Routine Medical Aid was given by the patients' booked doctors.

Maternity Work

Hospital	No. of beds	Number of women delivered		Number of practising midwives in wards at end of year
		Admitted from Brighton	Admitted from elsewhere	
Royal Sussex County ...	52	1,742	1,185	44

Ante-Natal Clinics

Hospital	Number of women attending		Post-Natal Beds
	Ante-Natal Clinics	Post-Natal Clinics	
Royal Sussex County	3,202 (New patients)	1,261 (New patients)	24

Family Planning Clinic (from October 1972), 170.

Notification of Intention to Practise for Brighton area during year:

Hospital Midwives	...	58
Domiciliary Midwives	...	11
Private Midwives	...	—

HOME NURSING

The statutory duty of the Local Health Authority is carried out by the Brighton District Nursing Association.

The establishment is 39 S.R.N., 12 S.E.N.

1. Total number of persons nursed during the year 7,655
2. Number of persons who were aged under 5 at first visit
in 1972 636
3. Number of persons who were aged between 5 and 64 at
first visit in 1972 2,448
4. Number of persons who were aged 65 or over at first visit
in 1972 4,571

The Superintendent comments:

The number of persons nursed during 1972 increased by 1,707 and the number of visits increased by 11,121. The demand for Night Nurses continues to increase, and is greater than the resources available. Three Nursing Officers were appointed on 1st April, 1972, and act as Unit Leaders.

Training

Mrs. V. Clarke was appointed Community Nurse Tutor after being successful in the Tutors' Course at the Royal College of Nursing.

During 1972 the District Nurse Training Course was taken by 39 State Registered Nurses and 7 State Enrolled Nurses. Students were sponsored by other Authorities as follows:

	S.R.N.	S.E.N.
East Sussex	9	1
West Sussex	8	—
Hove	3	—
Eastbourne	3	1
Worthing	5	—
Hertfordshire	1	—
Brighton	10	5

The six weeks' Community Experience for student nurses in accordance with the 1969 G.N.C. Syllabus was commenced in this area in September 1972 with the Brighton and Hove School of Nursing and Eastbourne School of Nursing. There will be three sets of student nurses each year.

CARE OF THE AGED 1972

Number of aged known to the Section (an increase of 1,020) ...	8,836
Number of cases visited by the Geriatric Health Visitors ...	2,097
Cases visited by the Group Practice Health Visitors ...	6,641
Cases visited by Geriatric Ancillary staff ...	3,509
Removals under Section 47 ...	2

Services requested from the Geriatric Section

Laundry Service ...	75
Inco Pad Service, etc. ...	151
Home Helps... ...	241
Meals on Wheels ...	137
Weekend Care ...	66

During 1971 a very small increase in the aged referred to the department appeared to indicate that we had reached a large number of those requiring help. The increase this year of those notified to the department now makes it apparent that there are still many unknown to the Services supplying support.

The necessity for assisting a client over a 24-hour period, while awaiting hospital admission, is still very much a part of the overall need but it is often the lack of a vacancy in a Residential Home rather than the absence of a hospital bed that has precipitated this need during the year. The proportion of the very old—85 onwards—is again shown to be increasing, and it is interesting to find during the visits made that many are still very active and independent, and have only come to our notice due to a sudden bereavement in the family, or the departure out of the area of friends or younger relatives. Supportive independence for this type of situation has formed a considerable proportion of the work done by the Geriatric Health Visitor during the year and that of her colleagues in the Group Practices where preventive work is initiated.

The chiropody, laundry and incontinent pad services, with protective garments, have been very much in demand, and the ambulance service observation, where a trained night-sitter is not required or is not available. Convalescence and holidays to give relatives relief, requested through the Social Services Department, have provided the necessary break for an exhausted family, partner or friend.

The close liaison of the Geriatric Health Visitor with the Geriatrician and the Geriatric Unit at Brighton General Hospital has proceeded successfully over the year. During the early summer months we had the Ward Sisters of the Geriatric Unit in turn over a period of nine weeks with the section and accompanying the Geriatric Health Visitor on her visits in the community. This has enabled the hospital staff to create strong links with their colleagues in the field to the mutual advantage of all, including the prospective clients on admission and discharge from the hospital. The close liaison with the Royal Sussex County Hospital, New Sussex Hospital, Bevendean and Eye Hospital has been maintained including those with our colleagues in the Social Services Department and in the Hove area, where necessary.

During the year we had many offers of help in crises from various voluntary bodies and many have been made by young people themselves which has been encouraging. We have, of course, received much support from the large voluntary organisations and their Luncheon Clubs.

In September our Geriatric Health Visitor, Mrs. Elliott, retired after ten years in the department. Mrs. Haw has taken her place in the team.

The opening of the Day Centres and Day Hospital in Brighton now heralds a new era of care in the community in the true sense of the word, giving contentment and a sense of security to those who are receiving this help.

SECTION 47

Mrs. G., aged 89

Referred to Health Department in June 1968. Living alone in a small flat in the town centre with her cat. Had been bedridden for one week, was partially sighted and stone deaf.

This old lady had lived independently for many years until she had sustained two falls over the last two weeks previous to being referred. She had only one distant relative and friends who were also elderly.

Mrs. G. was visited by the Geriatric Health Visitor. She had become neglected in person and her flat looked uncared for. She agreed to have help from the District Nurses, also the laundry service, and her relative and neighbours were to continue their support. She had become verminous and in view of this the following day treatment was given by the District Nurse because it was felt unnecessary to remove the old lady at that time.

A Home Help was arranged and the home fumigated and fresh bedding supplied, the old lady cleansed and the cat dusted with relevant powder and Mrs. G. left happy and comfortable.

She was then visited at regular intervals by the Geriatric Health Visitor. Her home help and meals on wheels were continued and she remained in this situation until December 14th, 1970. On this date she was admitted to the Royal Sussex County Hospital after the police had broken into her flat because she had not been seen, and found the old lady in a collapsed condition.

Mrs. G. was detained in hospital for one night and then returned home. She was visited by the Geriatric Health Visitor and again her home help and meals on wheels and laundry service were recommenced. On the following day she collapsed again at home and adamantly refused to consider going into a home. On January 14th, 1972, Mrs. G. was seen by the Geriatrician at the request of her General Practitioner. Although the old lady was supported by a relative and friends and the services, she was now having frequent falls, was very forgetful—burning her saucepans—having urinary incontinence—and refused to consider either admission to hospital or a residential home.

On January 21st, Mrs. G. was visited by the Geriatric Health Visitor. Her flat was neat and tidy, and her meals on wheels were on the stove heating up. Mrs. G. was cheerful but had a black eye which she had sustained in a fall the night before. She remarked she was very happy with the services and felt she could manage.

On January 27th she was again visited and was found to be very forgetful. Her sight was deteriorating, there was a fire risk, and the relative and friends became very worried because they could not give the twenty-four hour supervision which was required. Mrs. G. would not consider a home.

February 17th. Was visited by the Medical Officer of Health with the Geriatric Health Visitor and the old lady had barricaded herself in. After persuasion the barricades were pushed back and the old lady found to be almost bedridden.

February 29th. Mrs. G. reported to have had a further fall. No injury but was found to be mentally very vague.

March 15th. An application was made to the Court by the Medical Officer of Health for Mrs. G.'s removal to a residential home. This was granted and Mrs. G. entered the home where she has settled down very happily and her cat was also found a good home.

Mrs. A., aged 79

This old lady is French by birth and became known to the Health Department in October 1967 when the Public Health Inspector was asked to investigate an unpleasant odour coming from her first floor flat in the eastern part of the town.

Investigations showed that the total accommodation from floor to ceiling and right up to the door was packed with her belongings, furniture, clothing and other personal articles, and there was no room to move about.

An appointment was made by the Geriatric Health Visitor and Public Health Inspector to meet the lady on many occasions as she was at that time ambulant, and insistent on the fact that she did not live there, and only called there and was living and having meals with friends elsewhere; they tried to persuade Mrs. A. to get her possessions sorted out, without success.

In July 1969, Mrs. A. was again visited by the Geriatric Health Visitor and Public Health Inspector and they were able to gain entrance to the flat. This was indescribable—three feet deep in parcels and boxes. Mrs. A. slept in a tiny room in this state and it was obviously a great danger to Mrs. A. from the physical point of view, and also a fire risk.

In spite of this Mrs. A. looked elegant and clean. It was found during conversation that she was a retired buyer from a well-known emporium. She retired to Brighton ten years previously and had one son with whom she had lost touch and had been a widow for over 20 years. Her finances were limited and she was looking for another flat.

Mrs. A. was then visited by the Fire Officer and advised regarding the fire risk. Intensive correspondence was received from neighbours and others complaining about this but nothing could be done as Mrs. A. always looked active, was reasonably clean and well dressed, and never admitted to living on the premises.

June 1971. Mrs. A. was visited by the Medical Officer of Health. The visit was futile as no access was obtained.

July 1971. She was again visited by the Medical Officer of Health but was not at home.

September 1971. The Medical Officer of Health visited a third time and Mrs. A. was seen among the rubbish. She agreed to discuss the removal of this with the Public Health Inspector and continued to be visited by the Geriatric Health Visitor.

During the following year this old lady became more eccentric and collected more rubbish whilst her situation deteriorated through her inability to cook properly or to keep the flat in any kind of order.

November 1972. Visited by the Medical Officer of Health and Geriatric Health Visitor. The floorboards were found to be rotten due to an accumulation of filth and the old lady fell through them before anything could be done. The flat was crammed with possessions in spite of the fact that a certain clearance had been made a few months earlier. The tiles on the landing outside the flat were filled with her belongings and a garage had been rented nearby and filled with her possessions. The old lady slept in a nest of rubbish and sat on a box outside her flat begging for food as she had no facilities for cooking,

nor had she any sanitary arrangement, and she was given hot food and drinks by neighbours who felt they could not pass her by.

An application was made to the Court for an Order to remove Mrs. A. to a home. This was granted and she settled down very happily.

Letter of thanks from a Senior Citizen

January 28th, 1972

29 Newick Road,
N. Moulsecoomb,
Brighton,
BN1 9JL.

To MR. PARKER.

I was going to write you just after Xmas, but delayed by an attack of flu, so here are my most sincere wishes for the rest of this year. I do hope it will be a really good one—for you and all your colleagues, Welfare and everything connected with it.

I also wish to thank all connected with O.A.P. workers for the Xmas £10—so very useful and very much appreciated and also for your own kindness to myself for my chiropody service—in sending Mr. Donkin so quickly to me—when I wrote you re a poisoned toe which needed prompt attention.

I often wonder if people elderly like myself (82) realise what we would all do if there were no Welfare Services and all the services—W.V.S. and the Red Cross.

I can remember many moons ago, if old or too ill, and no one of their own to care for them, were put into Workhouses—and left—and children with great iron things on their little legs. Research has done wonders in the last 30 years—forgive shaky scrawl—my right arm and hand partly useless—cannot grip the pen. Again, my sincere thanks to every helper.

Mrs. A. W. Alexander.

Ode from a Health Visitor on keeping warm

WOT! NO DOUBLE GLAZING?

Into battle! Off you go now
In your non-essential van
All the old folk need some comfort
We must give what help we can.
Are the walls damp? Take your shovel
Dig the earth from off that wall.
While you're there—shin up the drainpipe
See the gutter cannot fall.
Now for inside. Take your ruler
You must measure all square feet
So that British Thermal Units
Have a chance to give some heat.
"Which room will you opt to live in?
Don't forget it must be small
And it must let all the sun in
And the ceiling not too tall.

Close the rooms you are not using
 All your furniture will rot
 Clothes will covered be with mildew
 Never mind! *You* will be hot.
 Close your windows day and night time
 Do not let the cold air in.
 Damp walls? Rubbish! Condensation
 Open the windows! You can't win.
 You should not have off peak heating
 In your modern high rise flat,
 Else at four p.m. you'll shiver.
 Whoever can be blamed for that?
 If you're old and frail and tottery
 You must use your commonsense
 Fill in blue form—numbered A9
 And you may get thirty pence
 To put in your greedy meter
 Which eats forty pence a day
 This will give you three hours heating.
 More than that—then you must pay.
 You have only a bed-sitter
 And the outside walls are three
 Faces North and gets no sunshine
 And the walls are ten foot three?
 Go to bed and pull the clothes up
 Wearing all the shawls you've got
 Bedsocks on, hot water bottle
 Pleasant dreams—and that's your lot."

Ref: Keeping warm in winter. D.H.S.S. H.M. 5646. Dd. 166586. 10/72. Mc C3309.

HEALTH EDUCATION

Mr. R. E. Brown, Health Education Organiser

During the past year, health education has continued its service and has further widened its field of communication.

The separation of the Health and Welfare Services during the year has not diminished the demand on the services of the section and a close liaison remains with the Social Services Department.

Encouragement was given to the community as a whole to gain knowledge of the Department by way of talks and films.

Health Education in schools progressed and results show that there are many ways in which they can be helped by our facilities. Meetings with teachers were held in order to promote and maintain interest in the subject. Some schools continue to use staff of the Department in health education sessions which are proving worthwhile.

During the year production of health video tapes were commenced in co-operation with the College of Education. The tapes will be available to all establishments connected with teaching.

The first permanent Smoking Advisory Clinic in Brighton which commenced in February 1971, sponsored by the "Save a Life" Fund, attracted

140 people who wished to stop smoking and resulted in 55 (39%) being stopped. It is felt that the Clinic is filling a much needed further health service.

Radio Brighton was used on 46 occasions for the health programme on Fridays and at many other times. A series of programmes under the title "The Human Family" has been planned for production during the next year.

The Royal Society of Health Conference held at Eastbourne in April was supported by a joint display organised by Brighton, Eastbourne and West Sussex County Council. The theme "Co-operation with industry" included a presentation display of the Brighton Marina project which was mounted by the Health Department.

An invitation was extended to the Department to take part in the Brighton Carnival Procession which duly provided a float with the themes "Smoking and Health" and "Infectious Diseases". This was a new departure as such, but it provided a most useful outlet of Health information.

Monthly health campaigns were continued throughout the year and during October the "Mind Week" was fully supported by displays, films and talks in order to raise funds for the National Association for Mental Health.

Talks and discussions and in-service training were arranged and given to many different groups and a noticeable increase was shown in the number requesting such things.

Health education is gradually extending its aims and activities within the area and its need is demonstrated by the increased demand for the services and information it has provided during the past year.

The following are the list of services provided by the section during the past year:

Talks to organisations	...	...	...	...	...	...	69
Film and slide showings to organisations	...	...	...	...	...	...	86
Health Publicity Campaigns and displays	...	...	...	...	...	...	20
Mobile Caravan Displays	...	...	...	...	...	...	5
Radio Brighton (Regular Series)	...	...	...	...	...	...	46
Radio Brighton (Others)	...	...	...	...	...	...	11
Lectures and Discussions to students	...	...	...	...	...	...	14
Courses and Lectures	...	...	...	...	...	...	11
Sessions in Schools	...	...	...	...	...	...	73
							<hr/> 335
Films borrowed from Health Education Library	...	...	...	...	...	...	147
Slides borrowed from Health Education Library	...	...	...	...	...	...	336

Deaths from Home Accidents 1972 analysed by age

	-1	1-4	5-9	10-14	15-24	25-44	45-64	65+
Male	2	—	—	—	1	—	4	17
Female	1	1	—	—	1	3	2	37
Totals	3	1	—	—	2	3	6	54

CANCER PREVENTION CLINIC

In 1972 there were 1,341 women screened and the percentage of women having the test for the first time continued to be high at 50%.

A positive smear was reported in one woman aged 60 years. There were 37 breast referrals, and 3 of these were subsequently confirmed positive carcinoma. These women were aged 45, 48 and 63 years old.

Clinic details:

	1971	1972
Attendance	2,813	1,341
Confirmed positives:		
Cervix	1	1
Breast	2	3
Referrals to G.P.:		
Polyps	64	30
T.V. infection	103	66
Breast conditions...	79	37
Other conditions	192	179
Urine conditions	4	6

The sharp decline in the number of women screened during 1972 was mainly due to the introduction of the national scheme of periodic recall which operates on a five-yearly basis. Brighton has previously operated a three-yearly recall cycle, and therefore women first tested in 1967 and 1968 had already been approached for further tests, and women first tested in 1969 are not now due for recall until 1974.

Assistance with Nursing Home Fees

Under the provisions of the Health Services and Public Health Act 1968, grants were made to nursing homes for terminal care of certain patients.

Contributions were obtained from various sources, including the National Society for Cancer Relief and a charitable fund administered by the Mayor.

Thirty-eight patients were assisted during the year.

AMBULANCE SERVICE 1972

Officers and Staff of the Ambulance Service:

Chief Ambulance Officer: E. R. Kimber, F.I.A.O., F.I.C.A.P., F.I.C.D., A.M.R.S.H.

Assistant Ambulance Officer: S. A. Charlwood, G.I.A.O.

Assistant Ambulance Officer: C. Relf, G.I.A.O.

Deputy Superintendent (Control): C. Donno, G.I.A.O.

Deputy Superintendent (Training): A. Bunney.

Station Officer (Hospital Co-ordinator): A. Mackay.

Station Officer (Driving Training): F. Hurley.

Station Officer (Premises and Plant): J. Thom.

Shift Leaders: P. White, V. Martin, R. Foden, A. Redman, P. Spanton.

Leading Ambulancemen: R. Friday, A. Seager, C. Lyons, B. Pickett, D. Brown.
41 Ambulancemen, 16 Ambulancewomen, 5 Driver/Clerical.

The number of patient journeys covered by the directly operated Service was 121,509, an increase of 7,866, which together with 3,426 patient journeys covered by H.C.S. brought the total patient journeys for which the Service is administratively responsible to 124,935.

The directly operated Service covered 424,366 miles (an increase of 28,286 miles) and the miles run per patient journey was 3.50.

Compared with 1971, increases and decreases are as follows:

<i>Increases</i>				<i>Decreases</i>			
Accident and Emergency	...	...	440	Inter Hospital	...	...	423
Maternity	...	...	42	Mental	...	...	20
Treatments and Returns	...	...	10,908	Infectious	...	...	33
Others	...	...	98	Others	...	...	53
				Hospital to Home...	...	...	403
				For other L.H.A.'s	...	...	250
				"Downsview" Treatments and			
				Returns	...	...	1,244
				"18" Club Treatments and Returns			1,014
				Health Dept. Occupational Therapy			179
				Manor House Nursery	...	...	3
Total increases	...	...	11,488	Total decreases	...	...	3,622
				Increase	...	...	11,488
				Decrease	...	...	3,622
				Net increase	...	...	7,866

A Classification breakdown and comparison of Emergency Calls into differing types reveal the following:

1. TYPE OF CALL	1971	1972	+ or —
(a) Road Traffic Accident	595	723	+128
(b) Accident in Street or Public Place	1,175	1,238	+63
(c) Accidents in the Home	954	930	—24
(d) Emergency Calls to Schools	253	260	+7
(e) Assaults	184	186	+2
(f) Illness in Street or Public Place	1,037	1,061	+24
(g) Illness in Home	1,017	1,661	+644
(h) Miscellaneous	596	163	—433
2. TYPE OF INJURY (OR ILLNESS)			
(a) Injury to head	1,336	1,256	—80
(b) Injury to chest	140	235	+95
(c) Injury to arms	586	611	+25
(d) Injury to abdomen	203	260	+57
(e) Injury to legs	876	957	+81
(f) Injury to back	147	143	—4
(g) Multiple injury	64	39	—25
(h) Heart...	189	233	+44
(i) Epileptic	143	132	—11
(j1) Death—accident	19	52	+33
(j2) Death—illness	123	135	+12
(k) Drunk	84	105	+21
(l) Shock...	68	197	+129
(m) Collapse	647	1,043	+396
(n) Epistaxis	32	53	+21
(o) Miscellaneous	835	386	—449
(p1) Gases...	9	17	+8
(p2) Drugs...	311	214	—97

Visits to Ambulance Station

Total Number of Visits: 57

<i>Organisation</i>	<i>Number Attending</i>
Nursing School, etc.	191
Boys' Brigade, Scouts, Girl Guides	406
Youth Clubs, etc.	111
Church Fellowships, Women's Guilds, etc.	146
Schools	40
Red Cross and St. John	35
Students	26
Police Cadets and Special Constabulary	33
Local Government	11
Total	999

Instruction in Emergency Resuscitation given at:

Sussex University (Staff)	...	...	...	...	Approx. 70
Moulsecoomb Secondary School (Pupils)	...	...	...	...	40

THE CONTROL ROOM

Communication

The amount of calls received during the year has increased. Extra telephone communication associated with these calls has been handled by the same numbers of staff. In order to achieve this, routine work and pre-planning has been extended over a longer period of the day, and often carries on until late in the evening and sometimes throughout the night.

Out of Area Journeys

There has been an increase in the amount of patients being conveyed by road to London hospitals mainly for specialised treatment in the Cardiac and Renal field. As these are invariably "very urgent" they are apt to throw our routine work into disorder until balance can be achieved by the "calling in" of additional staff. Many of these patients come into the "emergency" category and at this point we must mention the very fine co-operation of the Police in "Blue-Flash" dashes to the Metropolis. Their organisation and assistance has been beyond praise. Frequently patients taken a few days earlier are being brought back from London on the return journey. This type of case makes a demand on manpower which is not reflected in final patient statistics.

Hospital Car Service

During the year it has been difficult for the Hospital Car Service to take the numbers of journeys we should like them to cover. The decrease in the number of patients carried by them is brought about by the cars and drivers they have available being the limiting factor. However, this does not detract from the great value to us of the Hospital Car Service in conveying patients in perimeter areas when the use of our Sitting Case Ambulance would be uneconomic.

Section 24 Journeys

An increase in the number of patients being carried from Brighton hospitals to adjoining areas is evident by the figures in the block agreements existing with these Local Authorities. To some extent this is probably caused by the closure of casualty arrangements at Hove and Southlands hospitals, especially during the evening and night, resulting in patients making their own way into Brighton for treatment and needing ambulance transport home.

Replacements

Through staff leaving the Service it has been necessary to train replacements in Control Room procedures. This has been carried out by drafting an extra man into Control as and when he could be spared from operational duties. The full training was not completed by the end of the year, and therefore both Shift Leaders and Leading Ambulancemen will still have the "trainee" tag attached for a few months into the coming year, as Control duties form a large part of the work they have to do.

Emergency Lighting and Power

The provision of a battery operated radio transmitter has enabled Control to keep in touch with vehicles during periods of power cuts or electrical failure, thus maintaining the normal close contact. Although we now have our own generator this will supply the emergency lighting system for the Control room and will also be used for charging the reserve batteries.

Control Summary

It is evident that the Control Room staff are devoted to their work, and willing to uphold the tradition of the Service when called upon to do extra hours of duty where necessary. The pressures that build up during the day are enormous and a cool head and placid temperament are very vital necessities to anyone aspiring to performing Control work.

Loss of Staff

1972 has started a disastrous landslide in the number of experienced staff leaving this Service. Advertisements from rural Ambulance Authorities in the Midlands has stated, "houses will be provided for successful applicants" and the number of Brighton men who have interviews pending will leave this Service in dire circumstances if they prove as successful as some who have already been accepted. Other men have not liked the thought of Brighton being "swallowed up" in the new Area Health Authority and have returned to private enterprise.

Miscellaneous Commitments

1. Night Sitters (247)
2. Operation Watchdog (23)
3. Operation Liftback (numerous)
4. Week-end visiting (1,045)

are still carried out by the Ambulance Service as in former years, but as the No. 1 is a Nursing problem, this will soon be completely taken over by them, whilst Nos. 2, 3 and 4 are Social Services contingencies and are carried out by Brighton Ambulance Service on their behalf until such time as they are in a position to accept this responsibility.

Rail Journeys

These have gone down to a new low level. As stated in previous reports this is no cause for rejoicing, but merely means that owing to the unsuitable rolling stock now being used by the railways and the effect, still being felt, of the Beeching axe, we are having to take more and more patients long distances by road, and this, of course, is reflecting detrimentally in our mileage per case figures.

Air Journeys are arranged where it is to the patient's advantage to use this travel method within the British Isles, but for discharged patients returning overseas our responsibility finishes at the airport. Naturally we will satisfy ourselves that all "loose ends" are tied up before putting the person on the plane.

Helicopter

Called MEDEVAC—we call on the Royal Navy Fleet Air Arm for assistance when transferring serious cases to distant specialised hospitals. Our "touch down" landing sites are now situated conveniently close to Brighton's main Hospital.

Day Hospitals

This is still a major headache, but the new block at Brighton General Hospital to take 50–60 patients—due to open in the Spring—has been covered by the foresight of the Health Committee in permitting an increase in staff and vehicles to guard against this contingency.

Competitions

In view of the advanced training now carried out by Brighton the above has tended to become a thing of the past and until these extra accomplishments are more general among other Ambulance Services it is difficult to see how they can be incorporated into the present arrangement.

National Safe Driving 1972

The following awards were obtained in the Safe Driving Competition for drivers who had driven throughout the year without accident in which they were in any way blameworthy:

17 Diplomas, 3 Bars to Five-year Medals, 2 Oak Leaf Bars.

TRAINING 1972

(1) Induction Courses for New Entrants

Eleven new entrants were each given five days' induction training by the Training Staff during their first week of service. This training included tuition in Ambulance driving techniques.

(2) Driving Training

In addition to the driving tuition given on induction course, further driving training was given to 12 members of the staff, a total of 82 hours being given, emphasis during this period being on vehicle control, reversing, consideration for other road users, manoeuvring in heavy traffic, correct procedure at road junctions and stopping and starting on hills.

(3) Ambulance Aid Training

Training sessions, of varying length in this subject were given, as and when staff were available for training. Some sessions were for as little as three to four hours and others lasted for as long as four or five days; a total of 41 days' training overall involved 20 members of the staff. Some of this training was very basic, some was of an advanced nature, depending on the experience of the staff concerned.

(4) Operational Training

This training is of a very practical nature in which the less experienced staff are accompanied by an Instructor when actually handling and conveying patients. This involved 11 new entrants and four other members of the staff and the approximate amount of time spent on this type of training was 30 days.

(5) Hospital Training as required by The Ambulance Service Advisory

Committee Recommendations

Thirteen members of the service attended the Accident and Emergency unit of the Royal Sussex County Hospital for periods of not less than five days. A total of 75 days' Hospital Training was completed.

(6) Control Room Training

A considerable amount of Control Room Procedure training, mostly of a practical nature, i.e. working under supervision in the Control Room, was done by staff who had volunteered for this training. The amount of Local Training carried out is governed to a great extent by the availability of staff. Owing to the increased demands being made on the service some difficulty has been experienced in releasing staff for training.

TRAINING AT REGIONAL SCHOOLS

(7) *Six-week Recruit Training Courses*

Seven of the more recent entrants attended these courses, either at the South Eastern Ambulance Training School, Banstead, Surrey, or at the Southern Ambulance Training School at Bishops Waltham, Hampshire.

(8) *Two-week Refresher Courses for Staff with more than five years' service*

Seven members of the staff attended these courses which were held at the Southern Ambulance Training School, Wrenbury Hall, Cheshire.

(10) *Training Duties at Regional Schools*

Training Officer Relf was seconded to the Southern Ambulance Training School, Bishops Waltham, Hampshire, for two weeks, 17th–18th January, 1972, for duty as a member of the Directing Staff.

TRAINING SUMMARY 1972

11 New Entrants	...	...	47 Days' Induction Training
12 Members of Staff	...	...	82 Hours' Driving Training
20 Members of Staff	...	...	41 Days' Local Training in Ambulance Aid
13 Members of Staff	...	...	75 Days' Hospital Training at Royal Sussex County Hospital
15 Members of Staff	...	...	30 Days' Operational Training
8 Members of Staff	...	...	Control Training
12 Members of Staff	...	...	Initial Cardiac Training
10 Members of Staff	...	...	Cardiac Refresher

REGIONAL SCHOOLS

7 Driver/Attendants	attended 6-week Recruit Training Courses
7 Ambulancemen	attended 2-week Refresher Courses
1 Officer and	} Attended Ambulance Aid Instructors' Courses at Wrenbury Hall, Cheshire.
1 Ambulanceman	

ADVANCED TRAINING—CARDIAC

During the year we reached our agreed total of 20 Cardiac trained personnel. It was felt that to increase that number would merely produce a situation where men would not get the opportunity to use their acquired skills enough times to remain efficient, and in spite of the advanced training refresher courses attended every second year it is still vitally essential that staff are constantly employed on "cardiacs" under actual ambulance conditions, which can prove very dissimilar to those "enjoyed" in the hospital environment.

The advantage to the hospitals of having trained men, thus obviating sending a doctor, when cardiac cases have to be transferred to London Hospitals is proving very gratifying and is well repaying the Consultant Cardiologist (Dr. Douglas Chamberlain) for his great care and consideration in training the Ambulancemen. The "uplift" that this training has given to the Brighton staff is tremendous and the extra awareness of the care that a heart patient requires is showing itself in the way that *all* patients are now being handled.

It is also exceedingly gratifying and greatly appreciated by the personnel that the Authority has seen fit to reward them for this extra skill that will mean so much to so many throughout the years to come. Possibly only those who have been affected themselves, or whose loved ones have suffered an "attack" really know the true value of this specialist service, but judging by the letters of thanks received already, appreciation is mounting daily.

Restructuring and Hospital Co-ordinating Office

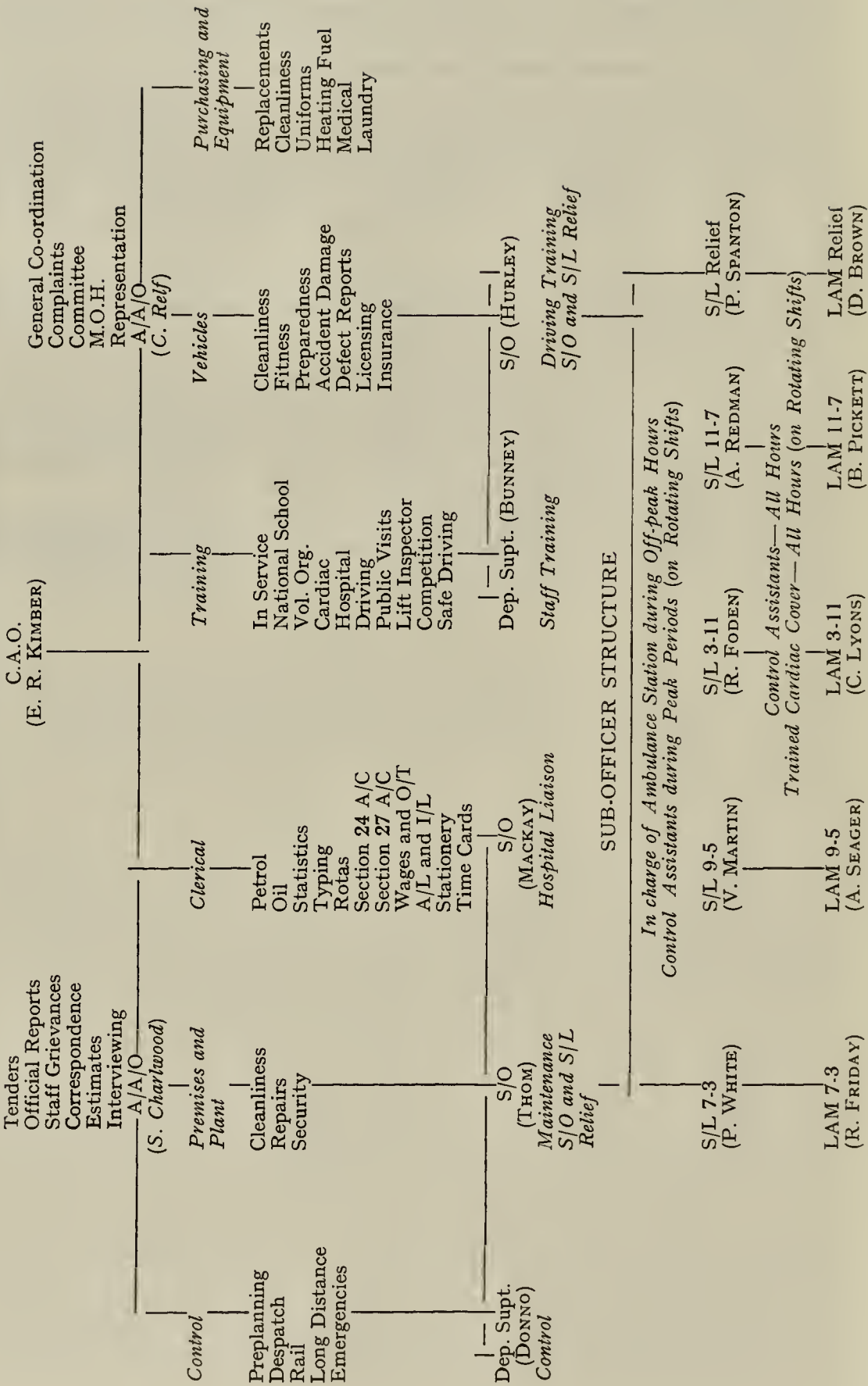
The re-structuring of the Ambulance Service was necessary in the early autumn when it became evident that the Deputy Chief Ambulance Officer had decided to move over to hospital administration.

With re-organisation looming ever nearer, when Brighton was due to lose its ambulance service, the chances of a man of the right calibre applying for the vacancy seemed extremely remote. Also the work of the Deputy had been growing very fast over the years and proving very arduous for one man therefore all pointers seemed to indicate that this was an opportune time to adopt a more modern structure of management by using Assistants to the Chief Ambulance Officer and splitting the duties into "inside" and "outside" responsibility.

Also, for many years the formation of an Ambulance Transport Co-ordinating Office at the Royal Sussex County Hospital had been a subject for discussion and the necessity for such an establishment had long been agreed. With the re-structuring it seemed a golden opportunity to bring this project to fruition. Meetings with the Hospital's Management and East Sussex Health Department, brought results and by the end of the year the Office with staff allocated by this Service was ready to operate. Station Officer Mackay was put in charge and two part-time lady drivers with clerical ability and on duty successively, covered the busy day hours 9 until 5.30 p.m. Monday to Friday.

The attached "tree" clearly depicts the re-arranged duties of all staff whose training for their new responsibilities took many months of painstaking instruction with all the usual frustrations while "learners" are going through their paces.

BRIGHTON AMBULANCE SERVICE OFFICER & SUB-OFFICER STRUCTURE



AMBULANCE SERVICE

QUINQUENNIAL AVERAGES

ANNUAL FIGURES

		1956	1960	1961	1965	1966	1970	1971	1975	1971	1972						
Total Mileage	400,000						356,424			396,080	474,366						
	350,000										121,509						
	300,000	274,078			297,065					113,652							
	250,000																
Total Patient Journeys	100,000						99,435										
	95,000																
	90,000																
	85,000				81,610												
	80,000																
	75,000																
	70,000	67,181								46,003	50,340						
Treatment, O. P., etc.	45,000						40,657										
	40,000																
	35,000				32,584												
	30,000	25,624															
	25,000																
Treatment Returns	45,000						38,462			43,933	48,054						
	40,000																
	35,000																
	30,000				30,562												
	25,000	24,147															
Hospital to Home	6,500									6,554	6,151						
	6,000	5,593			5,574		5,655										
	5,500																
Others	5,500	5,082			4,974		5,424			5,434	5,479						
	5,000									5,812	6,252						
	4,500																
Accident and Emergency	5,000						5,083										
	4,500																
	4,000				3,770					3,326	2,903						
	3,500	3,219															
Inter-Hospital	2,000																
	1,500																
	1,000	780			1,306		1,592										
	500																
Maternity	1,500																
	1,000	943			1,084		926			834	876						
	500																
Mental	1,500																
	1,000	1,029			1,045		972			966	946						
	500																
Infectious	1,000																
	500	236			219		141			95	62						
For other L.H.A.	1,000									695	445						
	500	526			480		521										
Rail	1,000	777			695		579			563	471						
	500																
Patients carried by Hospital Car Service	4,500																
	4,000																
	3,500																
	3,000						3,476										
	2,500																
	2,000																
	1,500																
	500	295			813					1,917	1,713						
Miles per Case Journey <small>excluding Rail and Hospital Car Service</small>		4.1			3.7		3.6			3.5	3.5						
VEHICLES	Ambulances	11			11		11			12	14						
	Cars	9			9		10			10	11						
	Mini-buses	-			-		2			2	2						
STAFF	Officers	2			2		2			2	3						
	Station Officers	5			7		7			7	5						
	Driver-Attendants	31			39		41			44	46						
	Women Drivers	4			2		7			* 7	10						
	Clerk-Telephonists	5			2		2			2	-						
	TOTALS	45			52		59			62	64						

* Full time equivalent

PREVENTION OF ILLNESS

TUBERCULOSIS

(Figures in brackets denote 1971 returns)

8,145 (8,240) attendances were made at the Chest Clinic during the year, of which 2,807 (2,624) were by new cases.

307 (301) of the new cases were referred via the Mass x-ray Unit. One of these had active tuberculosis.

299 (367) new contacts of cases of tuberculosis were examined during the year. None of these needed admission to hospital.

118 (125) B.C.G. vaccinations were carried out at the Chest Clinic during the year.

107 (73) schoolchildren were x-rayed at the Chest Clinic during the year, following positive tuberculin tests at school. Parents, when accompanying children, were offered chest x-rays. All the films were normal.

The total number of primary notifications during the year was 24 (21) pulmonary and 2 (7) non-pulmonary cases.

The total number of cases remaining on the Tuberculosis Register on 31st December, 1972, was 187 (154) and 23 (17) non-pulmonary cases.

There were 65 (42) new cases of neoplasm registered at the Chest Clinic during the year.

Rehabilitation

One case continued to be maintained at the British Legion Village, Aylesford.

Supplementary Foods

On the recommendation of the Consultant Chest Physician official orders for milk, butter and eggs are given to patients to hand to their suppliers. During the year 27 patients were supplied with milk and 9 with butter and eggs.

Occupational Therapy

Three sessions were held in the work-room each week with an Occupational Therapist on duty. In addition home visits were made to patients unable to attend the craft centre.

Patients attending Royal York Buildings	...	...	...	...	13
Total attendances	...	...	...	...	760
Sessions held	...	...	...	...	151
Patients visited in their homes...	...	...	...	...	19
Total visits made...	...	...	...	...	133

Owing to illness, holidays and other domestic commitments of the patients it was impossible to arrange a suitable day for a coach outing. It was agreed to attend the theatre with tea to follow at Christmas time.

The number of patients attending craft classes is smaller, but those who come are keen and enjoy the social contact.

Mass x-ray

The East Sussex Mass Radiography Unit is based in Brighton. The Director of the Unit, Dr. B. G. Rigden, has kindly sent me the following particulars of examinations carried out in Brighton during the year.

					Male	Female	Total
Doctors' Referrals	...	...	...	...	1,200	1,084	2,284
Other Examinees	...	...	...	...	6,490	6,509	12,999
Total Examined...	...	...	...	...	7,690	7,593	15,283

Included in above figures:

Essential users, School's Staff, etc.	...	...	...	...	1,854	3,152	5,006
Schoolchildren and Students	...	...	...	...	3,075	2,061	5,136
Works Contacts...	...	...	...	...	1,049	478	1,527

Assistance from the Hedgecock Bequest

An allocation is made to this Department from a charitable bequest which is used mainly for the benefit of patients suffering from tuberculosis and for the aged.

Expenditure during the year was as follows:

					£	p
Grant towards furniture and bedding	...	...	...	...	38	00
Grant towards fares for visiting sick next-of-kin	...	...	...	...	27	05
Grant towards nursery fees and bus fares	...	...	...	...	15	50
Grant towards repairs to property	...	...	...	...	78	50
Grant towards removal expenses and legal charges...	...	...	...	...	30	00
Grant towards electricity account	...	...	...	...	13	86
					<u>£202</u>	<u>91</u>

CHIROPODY

Staffing difficulties resulted in the waiting lists for both clinic and domiciliary patients being suspended in April and, although the clinic list re-opened in November, the domiciliary list had to remain closed. Advertisements for chiropodists were unfortunately unsuccessful. The total number of staff at the end of the year was 12. Despite all difficulties, the number of treatments given continued to increase.

During the electricity cuts, due to the power workers' dispute in February and March, a few early morning patients were glad to receive their first hot drink of the day while they were at the clinic. Fortunately, the cuts did not result in the closure of clinics.

Given below are statistics for 1972, with comparable figures for 1971 in brackets.

Number of patients	Aged ...	...	...	...	1,997	(2,096)
	Others	...	...	...	241	(194)
					<u>2,238</u>	<u>(2,290)</u>
Number of treatments	Clinic	...	...	...	8,291	(7,988)
	Domiciliary	...	...	...	4,569	(4,428)
					<u>12,860</u>	<u>(12,416)</u>

DOMICILIARY RENAL DIALYSIS

One adaptation of a room for home dialysis was carried out and in a second property where such an adaptation was not possible a cabin, similar to the one installed in 1971, was erected in the grounds.

Since these installations commenced in 1969 a total of 10 properties have been adapted.

Loan equipment

The Health Committee decided to make an annual grant of £750 to the British Red Cross Society for facilities provided for the loan of equipment.

BRIGHTON PUBLIC MORTUARY

Mr. D. A. Smale, the Cemeteries and Crematorium Superintendent and Registrar, who is also responsible for the day-to-day administration and operation at the Mortuary reports that there were 390 admissions during the year and of these 363 were subjects for autopsy. Although the number of admissions was only two in excess of those for the previous year, there was a much larger percentage increase in the number of post-mortems carried out compared with 328 in the previous 12 months.

Although the Mortuary is still regarded as 'new' (it has in fact been in operation for more than ten years) the high standard of hygiene and efficiency continues to attract the interest of professional people who have responsibilities for mortuary arrangements.

Close co-operation continues between the staff and those who have need to use the mortuary facilities provided in the town. The range of cases dealt with extends from the tragic cases of young children to those of elderly inhabitants and from "death from natural causes" to suicide and murder.

CREMATIONS AT THE BRIGHTON CREMATORIUM, WOODVALE

There were 1,202 cremations carried out at the Council's Crematorium at Woodvale during the year and this figure shows an increase in the number of cremations over the previous year. As with the Mortuary, the facilities at the Crematorium (and in the Council's Cemeteries) are maintained at a high standard and visitors are invited to inspect the service arrangements and commemoration features at any time. Cremation fees and charges were revised during the year and the increase in the number of cremations is perhaps in part due to the better appreciation of the arrangements provided by the Council for the disposal of the dead (by burial or cremation) and the consideration with which these personally emotional services are performed by the staff of the Cemeteries, Crematorium and Mortuary Department.

Although the Brodrick Committee's Report on Death Certification and Coroners was published during 1971, no Government action was taken in implementing all or part of the proposals during the year. The adoption of the recommendations would involve substantial changes both in cremation and coroners' procedures and affect the work both at the Mortuary and in the Cemeteries and Crematorium.

JOINT ADVISORY COUNCIL ON OCCUPATIONAL HEALTH

During 1972 six meetings were held. The membership averaged 20.

The topic for the year which was studied by all Advisory Councils was 'The Role of Occupational Health Medical Services in the Promotion of Safety at Work, with particular reference to the Employed Persons Safety Bill'. A delegate was sent to the Annual Conference at B.M.A. House, London.

The feasibility study on the ESTABLISHMENT OF A VOLUNTARY GROUP OCCUPATIONAL HEALTH SERVICE in this area continued throughout the year. The Chairman, Mr. W. T. Parsons, was invited to discuss the scheme with a member of the *Brighton and Hove Gazette* staff who published an article on

22nd April, 1972. Dr. C. Bagley, Centre for Social Research of Sussex University, and Dr. D. M. Richardson, M.O.H. of Mid-Sussex Area Health Department, contacted the Hospital Management Committee regarding a proposed scheme of enquiry to show how many casualties could have been treated at or near their place of work had an occupational Health Centre existed. A brochure describing the project was drafted by members of this Council for distribution at an appropriate time to organisations who may be interested.

The Joint Advisory Council continues its collaboration with the Brighton Corporation in connection with the implementation of the Mental Health Act 1959.

FACTORIES ACT 1961

During 1972 Dr. V. O. B. Gartside, the Appointed Factory Doctor, granted 15 certificates conditional on working in sheltered workshops following medical examinations under the provisions of the Factories Act 1961.

From the 1st February, 1973, the Appointed Factory Doctor Service, which undertook Medical Examinations of Young Persons under the Factories' Acts, came to an end. This terminates a relationship between the Factory Doctor Service and H.M. Factory Inspectorate which has lasted for more than a century.

From the 1st February, 1973, an Employment Medical Advisory Service was brought into being by the Department of Employment which will deal generally with medical problems related to people's work and undertake such medical examinations as are considered necessary.

SEWERAGE AND SEWAGE DISPOSAL

The town is on main drainage with disposal to a sea outfall on the coast outside the Borough boundary.

The services provided and the method of disposal are adequate and are not a risk to health.

WATER

I am obliged to Mr. J. R. Fairbank, F.I.C.E., F.I.W.E., F.G.S., M.B.I.M., Engineer and Manager, for the following details of the Brighton Waterworks Undertaking.

1. The water supply of the area has been satisfactory in quantity and quality.
2. Bacteriological examination of raw waters was made at weekly intervals in the Department's Laboratory and, when consideration of pollution present indicated an increased frequency was necessary, at daily intervals. The treated waters at all stations have been examined on a daily basis. The total number of raw and treated water samples examined from each of the Pumping Stations, together with a summary of the bacteriological results obtained is given below:

	Number of Samples examined	No. showing presence of Coliform Organisms in 100 ml.	No. showing E.Coli present in 100 ml.	No. showing Coliform Organisms absent from 100 ml.
Raw waters ...	594	129	82	465
Treated waters	3,100	1	0	3,099
	<hr/> 3,694	<hr/> 130	<hr/> 82	<hr/> 3,564

Only slight bacterial pollution of the raw waters has occurred during the year and it has been necessary only at Mile Oak and Newmarket Pumping Stations to examine, for a short time, the raw waters at daily intervals, following heavy rainfall at the end of the year.

Abbreviated chemical examinations were made at weekly intervals throughout the year on all raw waters and a general chemical and mineral examination has been completed at regular intervals. The results of the latest of these examinations are appended.

Chemical analysis (expressed in mgm per litre)

	Date taken	pH	Alkalinity (CaCO ₃)	Chlorides (CL)	Ammoniacal Nitrogen (N)	Albuminoid Nitrogen (N)	Oxidised Nitrogen (N)	Oxygen Absorbed (3 hrs. at 27°C)	Temp. Hardness (CaCO ₃)	Perm. Hardness (CaCO ₃)	Total Hardness (CaCO ₃)	Fluoride (F)
Aldrington ...	28.12.72	7.3	201	34.4	Nil	0.018	10.8	0.12	201	76	277	<0.1
Balsdean...	19.12.72	7.35	177	52.0	Nil	0.014	6.9	0.08	177	55	232	<0.1
Falmer ...	19.12.72	7.45	190	29.0	Nil	0.018	6.1	0.10	190	52	242	<0.1
Goldstone ...	28.12.72	7.35	197	30.8	Nil	0.016	9.1	0.10	197	63	260	<0.1
Lewes Road	19.12.72	7.4	170	51.0	Nil	0.012	9.6	0.08	170	70	240	<0.1
Mile Oak...	19.12.72	7.5	168	25.2	Nil	0.012	6.0	0.08	168	56	224	<0.1
Newmarket	20.12.72	7.35	180	23.6	Nil	0.012	4.5	0.08	180	41	221	<0.1
Patcham...	20.12.72	7.4	166	19.6	Nil	0.010	4.3	0.08	166	41	207	<0.1
Shoreham	28.12.72	7.4	179	48.8	Nil	0.016	6.5	0.12	179	65	244	<0.1
Sompting...	20.12.72	7.4	188	35.1	0.012	0.016	6.0	0.10	188	52	240	<0.1
Southover No. 1...	20.12.72	7.35	183	24.3	Nil	0.012	4.9	0.08	183	47	230	<0.1
Southover No. 3...	20.12.72	7.35	181	23.0	Nil	0.012	4.65	0.08	181	50	231	<0.1

Bacteriological examinations together with chloramine determinations have been made on 865 samples from service reservoirs. Of this total, 9 samples showed the presence of coliform organisms in low numbers.

A total number of 8,511 samples were examined during the year. Of these 3,163 were submitted from Worthing Water Department.

3. Since all water is obtained from the chalk, there is little likelihood of plumbo-solvent action and no evidence of such action is apparent.

4. Chlorination with post-ammoniation of all raw waters is practised continuously. In the event of any raw water showing evidence of bacterial pollution, sampling is increased to daily intervals and a survey of the catchment area is made in an effort to locate the cause of such pollution. In addition, if it is considered necessary, appropriate adjustment is made of those gas dosages used in the sterilisation process.

5. The population supplied from public water mains direct to houses is as follows:

	Population	Direct Supply
Brighton C.B. ...	161,351	55,663
Hove M.B. ...	73,086	26,867
Lewes M.B. ...	14,159	5,728
Portslade-by-Sea U.D. ...	18,136	6,089
Shoreham-by-Sea U.D. ...	18,905	6,859
Southwick U.D. ...	11,867	4,194
Lancing Parish Worthing R.D. ...	15,842*	6,215
Pyecombe Parish Cuckfield R.D....	270	61
Parishes in Chailey R.D. ...	6,790†	2,146
	<u>320,406</u>	<u>113,822</u>

No detail of 1971 Census figure available for parishes.

*Figure stated from Worthing R.D.C. at December 1971.

†Figure stated estimated on 1966 Sample Census.

ENVIRONMENTAL HEALTH

Mr. H. G. GIBSON, F.A.P.H.I., M.R.S.H., Chief Public Health Inspector

The main items of interest in the Environmental Health area have been covered in the body of the report by Mr. Mandle, Deputy Chief Inspector, and the Senior Inspectors, each dealing with his own specialist field.

The necessity for specialisation can be appreciated from a swift glance at some of the items which we have dealt with during the year. They include slum clearance; the dumping of toxic wastes; the sale of poisonous beads and talc-filled imitation cigarettes which could endanger children; six-day trading; the dangers of salmonella infection from handling bone meal fertiliser; the sale by post of electro-plating kits containing cyanide; stubble burning and smoke control areas; noise from discotheques, mechanical organs and even the water pumps in private swimming pools; unusual specimens, at the Abattoir, of renal amyloidosis; the design of baking machinery; pediculosis and filthy laundry; the incidence of scarlet fever and a list of legal proceedings under the Food and Drugs Act showing fines varying from £2 for selling bacon containing blow-fly larvae to £370 for filthy conditions in a restaurant.

All these items are set in a background of routine visits and duties under the numerous Acts, Orders, Regulations and Circulars which add up to the public health code of legislation administered by the Department. The variety may add spice to life but the complexities involved have given me even more cause, during the year, to appreciate the specialist technical knowledge, enthusiasm and hard-working loyal support of every member of the Environmental Health team and the Administrative staff supporting them. It is impossible whilst compiling this report not to be very conscious that it will be the last to be submitted to the Health Committee of the Brighton County Borough Council in its present form.

The Environmental Health Services will remain, as a local responsibility with the new District Council whilst the Medical Officers and Personal Services transfer to the new National Health Service. Provision is made in the new legislation for liaison between the Authorities and, frankly, I feel that only the closest possible relationship between elected members and officers, and between the various Departments connected with public health, can ensure that service to the public does not falter during the turmoil of the changeover.

Fortunately, this co-operation has always existed in Brighton and I am sure that it will be continued. I should like to take this, the last opportunity to express my thanks to the Chairman and members of the Health Committee; to Dr. Parker; to the staff of the Personal Services and their Administrative Section, for their ready help, understanding and co-operation over the years. After 36 years' service with the County Borough and a long experience of how efficiently that Authority has worked, I am extremely sorry to see its powers and structure altered and I must confess to being less than wildly enthusiastic about the form which the re-organisation of local government has taken. Having said that, we know that the new system must be made to work, and to work as effectively as possible. The Environmental Health Services have a clear, worthwhile and vital part to play in protecting the health of the community and improving the quality of its environment. With legislation promised on noise, pollution control and occupational health and safety, there is no doubt that the service will find the challenges and opportunities are growing, whatever changes may occur in the styles and titles of the Local Authority.

HOUSING

Mr. G. V. MARTIN, Senior Housing Inspector

Demolition in Clearance Areas

Eight unfit houses in clearance areas were demolished. Thirteen people in seven families were rehoused from clearance areas.

The revised statement of unfit houses requiring demolition submitted to the Minister in 1964 showed that 867 unfit houses remained. Since the statement was made 715 houses have been demolished or closed in lieu of demolition so that at the end of the year 152 unfit houses remained, and of these 75 have already been represented or certified as unfit.

No further clearance areas are proposed; where appropriate any remaining unfit houses will be dealt with by individual action under Part II of the Housing Act, 1957.

The following developments took place with regard to areas previously represented:

Upper Gardner Street and Windsor Street Areas

Compulsory Purchase Orders were subsequently made in respect of the 54 properties represented in 1971, and a public local inquiry was held by an Inspector from the Department of the Environment on 11th and 12th January. The Orders were confirmed with the following modifications by the Secretary of State:

Upper Gardner Street

Eight "pink" properties (three of which were declared fit) and four "grey" properties excluded from the Order.

The properties excluded from the Order were:

"pink"—15, 16, 17, 24, 34, 35 and 36 Upper Gardner Street and 30 Gloucester road;

"grey"—26 (this house was excluded from the Order at the request of the Corporation), 31, 32 and 33 Upper Gardner Street.

The properties were excluded for the following reasons:

- (a) 17, 35, and 36 Upper Gardner Street. They were reasonably suitable for occupation.
- (b) 15 and 16 Upper Gardner Street. Although unfit they were capable of being made suitable for occupation.
- (c) 24 Upper Gardner Street and 30 Gloucester Road together form part of a shopping frontage to Gloucester Road which could be dealt with by individual action.
- (d) 34 Upper Gardner Street should be dealt with other than by demolition of the building.
- (e) Having found that 35 and 36 Upper Gardner Street were reasonably suitable for occupation it would be premature to demolish 31, 32 and 33 Upper Gardner Street.

Windsor Street

Two "pink" properties declared fit.

Three "pink" properties (including one of those declared fit) excluded from the Order.

Two "pink" properties excluded from the Order, but retained in the Clearance Area to be dealt with by a Clearance Order.

Three "grey" properties excluded from the Order.

The properties excluded from the Order were:

"pink"—43, 44, 45 Windsor Street, 49, 50 Portland Street;

"grey"—10, 11, 51 Portland Street.

The properties were excluded for the following reasons:

- (a) 44 Windsor Street was reasonably suitable for occupation.
- (b) 43 and 45 Windsor Street. Although unfit the conditions might be dealt with other than by closure or demolition, and no useful purpose would be served by the clearance of these houses and the resulting loss of accommodation at this time.
- (c) 10 and 11 Portland Street. Acquisition as added lands was not justified.
- (d) 49, 50 and 51 Portland Street. The Council had requested that these properties be excluded and that a Clearance Order be substituted for Nos. 49 and 50.

A Clearance Order was subsequently made for 49 and 50 Portland Street and confirmed without modification by the Secretary of State on 15th June.

Closing Orders and Demolition Orders

49 individual unfit houses and 59 parts of buildings were reported to the Housing Committee as unfit for human habitation and not capable of being made fit at reasonable cost. 114 Closing Orders were authorised, 36 of which referred to basement flats.

On 31st December there were 589 operative closing orders and undertakings applying to buildings in the Borough. 13 contraventions of closing orders were reported; all were dealt with informally.

62 closing orders were determined, the buildings or parts of buildings to which they referred having been made fit for human habitation.

16 individual unfit houses were demolished as a result of formal or informal action under Section 16, Housing Act 1957.

185 people in 78 families were rehoused from houses or parts of buildings, the subject of closing or demolition orders.

Repairs and Improvements

11 houses were made fit for human habitation as a result of formal notices under the Housing Acts. 546 houses were made fit as a result of informal action.

835 applications for Improvement Grants were dealt with, 32 being for Standard Grants. 36 applications were combined applications for Improvement Grants and Qualification Certificates. In addition to the initial inspections made at the time of Improvement Grant applications, further inspections were made to check works in progress and final inspections to see that all defects had been remedied.

120 applications for Qualification Certificates were considered, and 101 Qualification Certificates or certificates of provisional approval recommended.

House-to-House Inspection

During the year, house-to-house inspection, begun in the Hanover Area in 1962 with the object of improving properties in the older parts of the town, continued. With the exception of a small number of houses, inspection of the Hanover area was completed during the year. In this area 2,603 houses have now been inspected, 979 improvement grants applied for, and 263 houses reported to the Housing Committee for formal action to be taken.

1,684 houses (65% of those in the area) are now fit for human habitation and have the standard amenities.

During the year house-to-house inspection was extended to 3,120 houses in the Bute Street and Lewes Road Areas. Details of action taken during 1972 in each of the three areas are shown below:

House-to-House Inspection: Action taken during 1972

	Hanover		Bute Street		Lewes Road		Total
	Owner-occupied	Tenanted	Owner-occupied	Tenanted	Owner-occupied	Tenanted	
No. of houses inspected... ..	142	115	53	55	67	47	479
No. of preliminary letters sent ...	110	97	36	45	45	42	375
*No. of houses where works have been completed ...	62	50	11	4	20	8	155
No. of improvement grants applied for ...	44	121	4	3	8	20	200
No. of Notices under Section 9, Housing Act 1957	Nil	5	Nil	Nil	Nil	1	6
No. of houses reported as not capable at reasonable expense of being made fit ...	Nil	29	Nil	7	Nil	5	41

*NOTE: Included in the Hanover area figures are 22 houses improved in General Improvement Area No. 1 and 12 houses improved in General Improvement Area No. 2.

Improvement Areas

The Hanover General Improvement Area No. 2 was declared on 24th February. This Area comprising 358 houses is part of the larger house-to-house inspection area of 2,500 houses. Since the declaration of the two General Improvement Areas (760 houses in all) the outstanding inspections have been completed and all owners have now been notified of any defects and lack of amenities in their houses.

Property Enquiries and House Acquisition

7,387 official Searches were answered by the clerk responsible for housing records. In order to answer questions on Searches relating to the fitness for human habitation of properties it was necessary for 417 inspections to be made during the year. A further 203 inspections were made as a result of applications for Corporation loans for house acquisition.

Houses in Multiple Occupation

All complaints in respect of this type of accommodation were investigated. It was necessary to send preliminary letters to the owners of 32 houses informing them of unsatisfactory conditions and lack of facilities.

In two cases formal notices were served to secure the carrying out of works to provide additional facilities.

Two buildings and four parts of buildings were made the subject of Closing Orders.

In six houses works have been completed, and in a further seven houses works are proceeding.

Many enquiries have been made and advice given in respect of houses in multiple occupation particularly by prospective purchasers, and the policy of encouraging the conversion into self-contained flats was continued.

During the year, 282 visits were made by Public Health Inspectors and Technical Assistants to houses in multiple occupation.

DISTRICT INSPECTORS

MR. W. F. MANDLE, M.A.P.H.I., D.M.A.

Deputy Chief Public Health Inspector

During the course of the year the District Public Health Inspectors met with a variety of problems and some of the more unusual ones are mentioned in the following paragraphs.

In the early part of the year there was national concern over the fact that in various parts of the country, toxic wastes, particularly those containing Cyanide, were being dumped indiscriminately in unauthorised tips and might be giving rise to pollution of water supplies and other hazards. There was a local incident when some Cyanide waste was dumped at a tip in West Sussex.

These events received a great deal of publicity and shortly afterwards The Deposit of Poisonous Waste Act 1972 was passed, which gave local authorities greater powers to control the dumping of this type of waste.

Following reports in the national press that certain necklaces and beads from the Far East might be poisonous, we received a number of enquiries locally. The beads in question looked rather like ladybirds and were in fact the seeds of the *Abrus Precatorius Linn* plant.

A total of 29 necklaces were brought to this office and of these, 22 were destroyed. The remaining seven necklaces did not contain any of the seeds in question so they were returned to their owners.

Complaints were also received regarding imitation cigarettes containing talc. These imitation cigarettes were bought mainly by children and when the children put them in their mouths and blew, clouds of talc were given off which resembled smoke.

We are concerned that if the talc were accidentally inhaled it could result in irritation of the lungs and even give rise to a form of talc pneumoconiosis if persistently inhaled over a period.

When told of the possible dangers, any local shops which were selling the imitation cigarettes voluntarily withdrew them from sale. At the same time details were sent to the Chief Medical Officer at the Department of Health and Social Security, who informed us that the matter was being discussed with the Home Office with a view to having these toys withdrawn from sale by the wholesalers.

Details of inspections and visits by all Inspectors and notices served during the year are set out in the following tables:

SUMMARY OF INSPECTIONS AND VISITS

[illegible]

Housing Acts

Basements/Underground Rooms ...	...	...	...	...	3,570
Houses in Clearance Areas...	...	...	...	...	398
Individual Houses ...	...	...	...	...	5,491
Compulsory Standard Amenities ...	...	...	...	...	167
Improvement, Standard and Special Grants	...	...	...	...	6,892
Qualification Certificates ...	...	...	...	...	334
Houses in Multiple Occupation	...	...	...	...	282
Loans and Local Land Searches	...	...	...	...	1,163
Caravans ...	...	...	...	...	—
Cinemas, etc.	...	...	...	...	42
Occasional Stage Play Licences	...	...	...	...	33
Clean Air Act ...	...	...	...	...	1,019
Common Lodging Houses	...	...	...	...	2
Factories					
Mechanical ...	...	...	...	...	150
Non-Mechanical	...	...	...	...	3
Building Sites	...	...	...	...	1
Outworkers ...	...	...	...	...	1
Food Premises ...	...	...	...	...	5,817
Health Education	...	...	...	...	55
Infectious Diseases	...	...	...	...	1,980
Noise Abatement...	...	...	...	...	689
Nursing Homes, Hospitals, etc.	...	...	...	...	86
Offices, Shops and Railways Premises Act	...	...	...	...	1,361
Pet Animal Act ...	...	...	...	...	20
Animal Boarding Establishments Act...	...	...	...	...	7
Riding Establishments Act	...	...	...	...	—
Pharmacy and Poisons Act	...	...	...	...	425
Pigeon Control ...	...	...	...	...	57
Planning					
Change of use	...	...	...	...	95
Plans...	...	...	...	...	1,666
Playgroups	...	...	...	...	153
Rodent and Pest Control	...	...	...	...	117
Sampling					
Food and Drugs (Chemical)	...	...	...	...	312
Food and Drugs (Bacteriological)...	...	...	...	...	1,147
Water	...	...	...	...	825
Fertilisers and Feeding Stuffs	...	...	...	...	7
Rag Flock	...	...	...	...	25
Schools ...	...	...	...	...	13
Shops Acts	...	...	...	...	3,787
Late night visits	...	...	...	...	279
Miscellaneous	...	...	...	...	913

Public Health Act 1936

Preliminary, informal notices served ...	...	...	...	...	298
Preliminary, informal notices complied with ...	...	...	...	...	89
Preliminary, informal notices cancelled	...	...	...	...	13

*Statutory Notices**Notices served*

Public Health Act 1936

Section 93...	...	...	...	...	...	118
Section 39...	...	...	...	...	...	55
Section 45...	...	...	...	...	...	24
Section 56...	...	...	...	...	...	7
Section 75...	...	...	...	...	...	5
Section 83...	...	...	...	...	...	—
Section 89...	...	...	...	...	...	3
(Recurring Nuisances Section 93)	...	...	...	...	...	1
Public Health Act 1961						
Section 26...	...	...	...	...	...	—
Section 32...	...	...	...	...	...	—

216

Notices complied with
Public Health Act 1936

Section 93...	...	...	...	...	...	...	...	...	78
Section 39...	...	...	...	...	...	...	...	...	35
Section 45...	...	...	...	...	...	...	...	...	16
Section 56...	...	...	...	...	...	...	...	...	2
Section 75...	...	...	...	...	...	...	...	...	3
Section 83...	...	...	...	...	...	...	...	...	—
Section 89...	...	...	...	...	...	...	...	...	3
(Recurring Nuisances Section 93)	...	...	...	...	...	...	...	...	—
Public Health Act 1961									
Section 26...	...	...	...	...	...	...	...	...	1
Section 32...	...	...	...	...	...	...	...	...	—
									138
<i>Notices cancelled ...</i>	...	...	...	...	...	...	...	...	19

Common Lodging Houses

There is only one Registered Lodging House in the Borough which can accommodate a maximum of 15 lodgers. It was conducted satisfactorily throughout the year.

Legal Proceedings

Legal proceedings were instituted on six occasions under the Public Health Act 1936.

In three of these cases the Courts made Nuisance Orders and imposed fines and costs totalling £86.98. In the other three instances works were carried out before the Court hearing and the summonses were withdrawn.

FACTORIES ACT 1961

Prescribed particulars on the administration of the Factories Act 1961

(1) Inspections for the purpose of provisions as to health (including inspections made by Public Health Inspectors):

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	68	3	5	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	697	150	19	—
(3) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	28	1	—	—
Totals	793	154	24	—

(2) Cases in which defects were found:

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instigated (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	3	1	—	—	—
(b) Unsuitable or defective	45	9	1	1	—
(c) Not separate for the sexes	1	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	1	—	—	—	—
Totals	51	10	1	1	—

Outwork:

Nature of work (1)	Section 133			Section 134		
	No. of outworkers in August list required by Section (1) (c) (2)	No. of cases of default in sending list to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in un-wholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing Apparel: Making etc. ...	90	—	—	—	—	—
Fur Toy Making ...	99	—	—	—	—	—
Bead Stringing ...	17	—	—	—	—	—
Soft Furnishing ...	1	—	—	—	—	—
TOTALS ...	207	—	—	—	—	—

PET ANIMALS ACT 1951
ANIMAL BOARDING ESTABLISHMENTS ACT 1963
RIDING ESTABLISHMENTS ACTS 1964/70

At the end of the year 17 Pet Shops, 4 Animal Boarding Establishments and 1 Riding Establishment were licensed under these Acts.

These premises which are re-licensed annually were regularly visited during the year and we are indebted to the Corporation's Veterinary Officer, Mr. J. S. J. Lauder, M.R.C.V.S., for the work he does in connection with these establishments, both by way of routine visits and the investigation of complaints. His services are invaluable where any aspect of the health and welfare of these animals is concerned.

RODENT AND PEST CONTROL

The following table sets out the number of visits and treatments for rat and mice infestations carried out by the Department's Rodent Operatives:

	Non-Agricultural	Agricultural
(1) Number of properties in district ...	68,544	72
(2) Total number of properties inspected	1,184	1
(3) Number infested by (a) Rats ...	298	—
(b) Mice ...	625	—

The section also carried out treatment in some 300 premises which were invested with various forms of insects, with fleas, bed bugs, ants and cockroaches being the most common.

One Rodent Operative, Mr. N. J. Martin, resigned during the year to undertake a course of full-time study at Brighton Technical College. We were very fortunate to obtain, as a replacement, his father, Mr. D. J. Martin, who has had several years' experience with a private pest control servicing company.

Throughout the year we enjoyed our usual cordial relationship with the local officer of the Ministry of Agriculture, Fisheries and Food.

CLEANSING CENTRE

The facilities at the Cleansing Centre have continued to be in great demand. In addition to the geriatric laundry service, dressings collections and disinfections, the staff make collections three times a week from each of the seven kidney machines which are installed in the borough.

During the year other local authorities in the area have made use of the disinfection, disinfestation and personal cleansing facilities which are available at the centre.

Details of the year's work are given in the following table:

<i>Articles Laundered</i>						
Prevention of Illness, Care and After Care	...	...	...	...	...	36,310
Public Abattoir, Meat Inspectors...	...	...	...	...	...	1,468
Cleansing Centre	...	...	...	...	...	650
						38,428

Collections and Deliveries

Laundry only	...	...	...	...	2,343
Laundry with pad deliveries or dressing collections	...	...	...	...	916
Soiled pads or dressings only	...	...	...	...	1,852
Pad deliveries with collection of soiled pads	...	...	...	...	1,799
Pad deliveries only	...	...	...	...	1,635
Collections from domiciliary confinements	...	...	...	...	9
					<hr/> 8,554

Disinfections/Disinfestations/Cleansing

				<i>Male</i>	<i>Female</i>
Personal Cleansing	...	...	...	10	133
Scabies	...	...	...	21	16
Ped. Corp.	...	...	...	3	Nil
Ped. Cap.	...	...	...	Nil	4
Ph. Pub.	...	...	...	10	6
				<hr/> 44	<hr/> 159

203

Steam disinfections/disinfestations	83
-------------------------------------	-----	-----	-----	-----	----

Disinfections: Properties	3
---------------------------	-----	-----	-----	-----	---

Miscellaneous

Collections and Deliveries	292
----------------------------	-----	-----	-----	-----	-----

Food and Drugs Section	62
------------------------	-----	-----	-----	-----	----

Pad Issues

Incontinence Pads	56,750
-------------------	-----	-----	-----	-----	--------

Paddi-pads	7,812 pkts.
------------	-----	-----	-----	-----	-------------

OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Details of work carried out in 1972 are as follows:

Number of Inspectors appointed under Section 52(1) or (5) of the Act	12
Number of other staff employed for most of their time on work in connection with the Act	—
Number of cancellations of registrations during the year	80
Number of premises registered during the year	110
Total number of premises registered at 31.12.72	3,444
Number of general inspections carried out	503
Total number of visits of all kinds	1,361
Number of notices of defects served	245
Number of premises where defects were remedied	160
Number of notices cancelled	8
Number of notices outstanding at 31.12.72	353
Number of prosecutions during the year	—

Notices were served relating to defects in the following:

Sanitary Accommodation	83
Washing Facilities	41
Clothing Accommodation	10
Heating	93
Lighting	16
Ventilation	10
First Aid Equipment	108
Floors and Stairs...	45
Abstract of Act	119
Drinking Water Supply	4
Seating	—
Dangerous Machines	11
Cleanliness	15
Lifts and Hoists	52
Not otherwise specified	23

Total	630
-------	-----	-----	-----

TABLE A

Registrations and General Inspections:

Class of premises (1)	No. of premises registered during the year (2)	Total No. of registered premises at the end of the year (3)	No. of registered premises receiving a general inspection during the year (4)
Offices	50	1,379	172
Retail shops ...	44	1,574	211
Wholesale shops, warehouses	2	175	7
Catering establish- ments open to the public, canteens etc. ...	14	304	113
Fuel storage depots	—	12	—
Totals	110	3,444	503

TABLE B

Number of visits of all kinds by Inspectors to Registered Premises:

1361

TABLE C

Analysis of Persons Employed in Registered Premises by Workplace:

Class of workplace (1)	Number of persons employed (2)
Offices	16,776
Retail shops	9,572
Wholesale departments, warehouses	1,774
Catering establishments open to the public	3,450
Canteens	184
Fuel storage depots	48
Total	31,804
Total males	14,909
Total females	16,895

Accidents reported:

Workplace	Number reported	Total Number investigated	ACTION TAKEN			No action taken
			Prosecution	Formal warning	In-formal advice	
Offices	12	7	—	—	3	9
Retail Shops... ..	34	25	—	—	7	27
Wholesale shops and warehouses	5	3	—	—	1	4
Catering establishments open to the Public, Canteens, etc.	8	4	—	—	1	7
Fuel Storage Depots ...	—	—	—	—	—	—
Totals	59	39	—	—	12	47

Analysis of reported accidents:

	Offices	Retail Shops	Wholesale shops and warehouses	Catering establishments open to the Public, Canteens, etc.	Fuel storage Depots
Machinery	1	2	—	1	—
Transport	—	2	1	—	—
Falls of Persons	6	11	2	3	—
Stepping or striking against object or person	2	1	1	—	—
Handling goods	2	9	1	1	—
Struck by falling object ...	—	1	—	—	—
Fire and explosion... ..	—	—	—	—	—
Electricity	—	1	—	—	—
Use of hand tools	—	3	—	—	—
Not otherwise specified ...	1	4	—	3	—

SHOPS ACTS 1950/65*Exhibitions*

Three applications were received under Section 42 of the Shops Act 1950 to extend the evening closing hours in respect of exhibitions and these were granted.

Six-Day Trading

An application was received requesting exemption from the Early Closing Day for certain shops in the London Road, Lewes Road area. The trades involved were: Grocers and Provision Merchants, Coal and Fuel Order Offices and Dealers in Office Equipment. 167 shops were affected and the appropriate Order was made. All other shops in this area are already exempted from half-day closing by a previous order made in 1968.

Shopkeepers in any area of Brighton may now remain open for six days a week if they wish. It should probably be pointed out that the entitlement of shop assistants to a weekly half-holiday is safeguarded.

A summary of the year's work is given in the following table:

Number of routine visits to shops	...	...	...	...	...	3,785
Number of late night visits to shops	...	...	...	...	...	2

FOOD AND DRUGS

Mr. J. HOLMES, Senior Food and Drugs Inspector

Sampling under The Food and Drugs Act 1955

411 samples of food, drink and drugs were submitted to the Public Analyst for analysis and examination, and of these 107 were found to contravene in some respect the Food and Drugs Act 1955 and the various Orders and Regulations made under the Act.

Samples were also taken as part of a national scheme to determine the extent of pesticide residues in food stuffs in England and Wales.

Samples were taken of sausages (37) and meat pies (27). All the sausages were found to be genuine. Three meat pies were deficient in meat content and the makers were notified. Follow up samples were taken and these were found to be up to standard. The kidney content of the four steak and kidney pies was not considered, by the Public Analyst, to be adequate. The makers were informed and the amount of kidney was increased. Follow up samples were satisfactory.

Details of the contraventions are given below:

(a) Labelling of Food Order 1953 as amended...	...	...	9
(b) Preservatives in Food Regulations 1962	...	...	1
(c) Meat Pie and Sausage Regulations 1967	...	...	12
(d) Artificial Sweetener in Food Regulations	...	...	1
(e) Soft Drink (Amendment) Regulations 1969	...	...	1

The following action was taken:

- (a) The labels were amended.
- (b) Warning to maker. Follow up sample satisfactory.
- (c) After warnings to the makers the meat deficiency was amended and follow up samples were taken and found to be satisfactory.
- (d) Remaining stocks of lemonade were seized and destroyed. The vendor was prosecuted.
- (e) The vendor of the soft drink was prosecuted.

Prosecutions were taken in respect of the following foods:

Food and Drugs Act 1955, Section 2

			<i>Fine</i>	<i>Costs</i>
Bread ...	...	Contained oil and compounds of iron and copper ...	£100	£14-00
Chocolate cake ...	...	Contained a rat's foot ...	£30	£13-50
Chicken ...	...	Infested with blow fly larvae ...	£15	£11-75
Sausages ...	...	Contained metal pin... ..	£20	£10-50
Sugared almonds	...	Contained a cigarette end ...	£20	£25-00
Meat pie ...	...	Contained piece of enamel ...	£25	£18-50
Semolina...	...	Infested with insects... ..	£30	£19-32
Bread ...	...	Contained a fly	£20	£28-23
Instant coffee	...	Contained 0-44 ounce of broken glass	£75	£19-90
Butter ...	...	Contained a piece of rubber... ..	£30	£19-08
Lemon drink	...	Contained non-permitted cyclamic acid	£20	£16-30
Cheese salad roll...	...	Contained contaminated lettuce ...	£50	£18-50
Prunes ...	...	Contained metal	£50	£18-75
Swiss roll...	...	Stale, mouldy... ..	£30	£27-20
Cereal ...	...	Infested with mite	£25	£19-75
Cheese ...	...	Offensive odour and taste	£10	£20-00
Cake ...	...	Contained a blow fly... ..	£20	£20-00
Bacon ...	...	Infested with blow fly larvae ...	£2	£15-00
Apple pie	...	Mouldy	£20	£19-00
Apple pie	...	Mouldy	£20	£21-00
Macaroon	...	Infested with ants	£30	£21-05
Bread ...	...	Contained a blow fly... ..	£20	£18-83
Jam ...	...	Contained six wasps. Summons served on the importers of the jam who intended to plead warranty. The Town Clerk advised that proceedings could not be taken against the makers and the summons was withdrawn.		
Cough lozenge	...	Contained metal	£25	£20-00
Butter ...	...	Mouldy	£80	£20-55
Bread ...	...	Contained metal	£100	£20-55
Cheese ...	...	Mouldy	£10	£19-50
Battenburg cake	...	Contained a fly	£20	£20-00
Bacon ...	...	Unsound	£30	£15-00
Margarine	...	Contained metal	£15	£21-15
Fruit bun	...	Contained rubber	£20	£19-60
Fruit pie...	...	Mouldy	£20	£21-00
Cornflakes	...	Contained two cigarette ends ...	Case dismissed	
Biscuits ...	...	Contained fragments of brass ...	£50	£11-05

Food and Drugs Act 1955, Section 8

Possession of fruit pies which were unfit for human consumption seized and condemned	£20	£13-00
Possession of swiss rolls which were unfit	£120	—

Food Hygiene (General) Regulations 1970

1. Dirty conditions and infestation at a restaurant	£60	£6-50
2. Dirty conditions and infestation at a restaurant	£370	£21-00
The owner of the restaurant was disqualified from catering at the premises for 12 months.		

Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966

Reg. 8 (e)	Smoking while handling food ...	...	...	...	£5	£7.00
Reg. 8 (e)	Smoking while handling food ...	...	...	...	£2	£4.00
Reg. 9	Failing to wear clean and washable overclothing	...	...	...	} Found guilty and given absolute discharge	
Reg. 16(1)	Failing to provide a wash hand basin	...	...	...
Reg. 21	Failing to cover and screen a food stall	...	...	...
*Reg. 8 (e)	Smoking while handling meat...	...	...	...	£10	£6.00
*Reg. 9	Failing to wear a head covering	...	...	...	£10	
*(Prosecution against employer was dismissed).						

Services under the Food and Drugs Act 1955

The following information is required by the Department of Health and Social Security.

(a) *Milk Supplies—Brucella Abortus*

1.	Number of samples of raw milk examined	...	...	...	Nil
2.	Number of positive samples found	...	...	...	Nil
3.	Action taken in respect of positive samples	...	...	...	—

(b) *Food premises subject to the Food Hygiene (General) Regulations 1970*

No. of premises	Trade or Category	No. which comply with Reg. 16	No. to which Reg. 19 applies	No. which comply with Reg. 19
88	Snack bars	88	88	88
5	Shellfish bars	5	5	5
1	Wine and cheese bar	1	1	1
78	Licensed clubs	78	78	78
249	Public houses... ..	249	249	249
40	Fried fish and chip shops	40	40	40
42	Wet fish shops	42	42	42
8	Wholesale fish merchants	8	8	8
81	Schools, University, Colleges canteens	81	81	81
146	Cafes	146	146	146
72	Industrial canteens	72	72	72
4	Licensed guest houses	4	4	4
400	Guest and boarding houses	400	400	400
12	Coffee bars	12	12	12
84	Restaurants—licensed	84	84	84
41	Licensed hotels	41	41	41
105	Butchers—retail	105	105	105
5	Butchers—wholesale... ..	5	5	5
13	Bakehouses	13	13	13
111	Retail bread and confectionery	111	111	111
361	Grocers	361	361	361
240	Greengrocers, fruiterers	240	240	240
30	Nursing homes	30	30	30
350	Sugar confectionery	350	350	350
2	Ice cream makers	2	2	2
327	Ice cream retailers	327	327	327
3	Sausage factories	3	3	3
22	Supermarkets... ..	22	22	22
21	Take away food shops	21	21	21

(c) *Poultry processing premises* ... None

SUMMARY OF INSPECTIONS AND NOTICES SERVED

	<i>Visits</i>	<i>Notices served</i>
Butchers	281	19
Bakehouses	120	6
Retail bread and confectionery...	156	8
Grocers	634	30
Greengrocers and fruiterers	211	17
Licensed hotels, guest houses etc.	559	50
Restaurants, cafes etc.	1,399	139
Coffee bars	223	7
Public houses	252	42
Factory canteens... ..	19	7
Educational catering	134	32
Fishmongers and fryers	244	14
Sugar confectionery	90	17
Ice cream manufacturers	2	—
Ice cream retailers	100	2
Sausage factories... ..	25	2
Supermarkets	232	8
Dairies	51	1
Stalls and delivery vehicles	195	14
Breweries	1	—
Wine and spirit merchants	21	1
Chemists	5	—
Wholesale food distributors	96	2
Food complaints	767	—
	<hr/> 5,817 <hr/>	<hr/> 418 <hr/>

Inspections by food inspectors under the Offices, Shops and Railway Premises Act 1963 and the investigation of accidents, are included in the section of the report dealing with that Act.

COMPLAINTS ABOUT FOOD AND DRUGS

368 complaints about food were received, one more than in 1971.

Each complaint was thoroughly investigated. Prosecutions were taken in respect of 36 complaints and fines totalling £1,172 were imposed. One summons relating to wasps in imported jam was withdrawn on the Town Clerk's advice after the importers had given notice that they intended to plead warranty, which means that proceedings could not be taken any further back in the chain of suppliers. Another case relating to two cigarette ends in a packet of corn-flakes was successfully defended by the makers and the case was dismissed. Three complaints of alleged watering of spirits served in public houses were checked by formal sampling and in each instance the spirits were found to be genuine. A diner at a restaurant found his wine had a strong taste of paraffin. The owner of the business handed over the remaining wine to the Health Department for examination, and it was found to consist of 408 ml. of red wine and 602 ml. of hydro carbon oil, similar to kerosene. A summons has been issued and is awaiting a Court hearing. Thirteen complaints were not confirmed. Bread and confectionery once again attracted most complaints, 60, as against 49 in 1971. Several of the complaints arose from dry dough or grease in the substance of the bread, indicating the need for more careful cleaning of machinery, restraint in the use of lubricating oil, and an improvement in the design of baking machinery.

Bread	40	Nuts	3
Cakes and biscuits	20	Fruit—fresh	5
Cereals... ..	9	canned	14
Milk—fresh	17	dried	2
dried	1	Fruit juice	5
Cream	4	Wines and spirits	6
Ice cream	1	Vegetables—canned	8
Salad cream	1	frozen	2
Cheese... ..	12	fresh	4
Yogurt... ..	2	dried	1
Butter... ..	4	Tea	2
Margarine	2	Fish and chips... ..	9
Meat—fresh	17	Sugar	1
canned	17	Baby food	2
preserved	6	Wine filters	1
extract	1	Jams	5
Poultry	10	Drugs	2
Sausage	8	Sauces	3
Pies	17	Custard... ..	1
Bacon	8	Stuffing... ..	1
Fish—wet	2	Mousse	1
cured	2	Cleansing cream	1
shell	6	Sandwiches	7
canned... ..	4	Tonic water	1
Soup	1	Coffee	1
Macaroni	1	Flour	3
Meals	45	Tomato juice	1
Chocolate—sweets	16	Toys—lead content	1
spread	1		

EDUCATION IN FOOD HYGIENE

Six lectures and one talk on Radio Brighton were given on food hygiene and a ten-week course was held at the Hotel and Catering section of Brighton Technical College. Seven students were successful in obtaining the Diploma of the Royal Institute of Public Health and Hygiene.

A representative of the department is prepared to attend any food premises and give an illustrated talk on food hygiene, without charge.

FOOD INSPECTIONS

Foodstuffs Surrendered from Markets and Shops

	Tinned or bottled (units)			Other foodstuffs (pounds)		
	Meat Fish Poultry	Fruit Veg.	Other Items	Meat Fish Poultry	Fruit Veg.	Other Items
Abattoir	16	654	6	12859	1217	559
Food and Drugs	360	3537	327	17795	44092	1396
Totals	376	4191	333	30654	45309	1955

Foodstuffs Surrendered through Refrigerator Breakdowns (Units)

	Meat Fish Poultry	Fruit Veg.	Other Items
Totals	13705	5232	5696

BACTERIOLOGICAL EXAMINATIONS

Milk and Cream Supplies

726 samples of milk and 13 samples of cream were taken and submitted to the Public Health Laboratory Service for routine examination. The following tabulation shows the results of these examinations.

Designation	Methylene Blue Test		Phosphatase Test		Turbidity Test		Colony Count Test	
	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
Pasteurised ...	544 (+8 void)	25	577	—	—	—	—	—
Sterilised ...	—	—	—	—	118	—	—	—
Ultra Heat Treated...	—	—	—	—	—	—	28 (+1 void)	—
Untreated...	—	—	—	—	—	—	—	—
Separated ...	—	—	—	—	—	—	—	—
Goats ...	2	—	1	—	—	—	—	—
Cream ...	1 (+5 fairly satisfactory)	6	5 (+1 fairly satisfactory)	—	—	—	—	—
Artificial Cream ...	1	—	—	—	—	—	—	—

The purposes of the tests are to check the keeping quality of the milk and to ensure that effective heat treatment has been carried out. One special test was carried out to ascertain the presence of an antibiotic.

Of the 25 samples of pasteurised milk which failed the methylene blue test, 19 were from cartons sold from vending machines. 163 samples in all were taken from these machines and the percentage failure of 11.6% appears to be the average over the past three years. The failure to satisfy the methylene blue test is due to misunderstanding of the coding on milk cartons, over-estimation of public demand, and exposure of the vending machine to direct sun with resultant overloading of the refrigeration units.

Forty-three samples of school milk were taken and found to be satisfactory.

No untreated milk has been offered for sale within the Brighton area for 1972.

Twelve samples of fresh cream and one sample of artificial cream were obtained of which approximately 46% failed the methylene blue test. In all failures both the packagers and retailers were notified. The difficulty in effective pasteurisation of cream is due to its consistency which does not allow adequate cooling to take place throughout the substance with resultant retention of heat which is conducive to bacterial growth.

THE LIQUID EGG REGULATIONS 1963

Only liquid egg which has been pasteurised may be used as an ingredient in the preparation of food for human consumption. Nine samples from bake-houses were examined and found to have been correctly pasteurised.

WATER SUPPLIES

Drinking Water

The whole of the area is supplied by the Brighton Waterworks Undertaking. In addition to the large number of routine bacterial and chemical examinations carried out by the Undertaking, 212 samples were taken by the Public Health Department and submitted to the Public Health Laboratory Service for bacteriological examination only. Minor contamination that occurred in a very few samples was due to either defective washers or the use of hose connections.

Well Water

Well water is used at a dairy, laundry and a brewery. The water is wholly for industrial purposes and not for human consumption. Thirty-two samples were taken and found satisfactory.

Public Paddling Pools

Seven samples were taken from the three pools and found to be satisfactory.

Private Swimming Baths

Fourteen samples were taken from private swimming pools and found to be satisfactory.

Public Swimming Baths

Twenty-six samples were taken from the public swimming baths situated at Saltdean, Black Rock and North Road, and found to be satisfactory.

School Swimming Baths

Of the 170 samples taken from school swimming pools, 10 were found to be unsatisfactory. The faults were due to inadequate chlorination, mechanical failure of filtration unit and exposure of open air pools to excessive contamination, e.g. organic matter being carried on the feet of bathers. These points were rectified and subsequent tests were found to be satisfactory.

Sauna Baths

Twenty-six samples were taken from two sauna baths operating within the Brighton area. Four of these samples were found unsatisfactory due to inadequate chlorination.

ICE CREAM AND ICE LOLLIES SAMPLES

A total of 465 samples of ice cream and ice lollies were taken and submitted to the Public Health Laboratory Service for bacteriological examination. The results were as follows:

<i>Prepacked Ice Cream:</i>				
Grade I	...	...	...	146
Grade II	...	...	...	95
Grade III	...	...	...	3
Grade IV	...	...	...	Nil
Void	...	...	...	Nil
<i>Bulk Ice Cream (Canned):</i>				
Grade I	...	...	...	7
Grade II	...	...	...	4
Grade III	...	...	...	1
Grade IV	...	...	...	Nil
Void	...	...	...	1

<i>Soft Ice Cream</i> : Grade I	...	...	...	...	15
Grade II	...	...	...	...	7
Grade III	...	...	...	...	2
Grade IV	...	...	...	...	5
Void	...	...	...	...	Nil
<i>Ice Lollies (Water Ice)</i> : Satisfactory	...	...	...	...	179
Unsatisfactory	...	...	...	...	Nil
Void	...	...	...	...	Nil

Samples falling within Grades I and II are satisfactory, whilst those of Grade III and IV are unsatisfactory.

The remarkably small number of unsatisfactory results in respect of pre-packed ice cream indicates that retailers are becoming aware of the need for proper rotation of stock, avoiding overloading and maintaining the refrigeration cabinets at the correct temperature.

The number of unsatisfactory results as regards soft ice cream represents 20.3% which is a much lower percentage than for 1971. The problem is often the need for proper sterilisation, and it is intended during 1973 to concentrate on soft ice cream retailers to attempt to improve standards.

As in previous years all samples of water ice lollies were found to be satisfactory. This is probably due to the acidity which to a small extent acts as a bactericide.

Shellfish

Samplings of mussels and oysters were carried out during the year, and were found to be satisfactory.

Oysters though subjected to cleansing procedure as laid down by the Public Health (Shellfish) Regulations 1934, have been known to retain a certain organism which when consumed gives rise to symptoms similar to food poisoning. This organism is called *Vibrio parahaemolyticus* and is common in the Far East and the Americas.

RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951/1971

Fifteen samples of rag flock and other filling materials used in the manufacture of bedding and upholstery were purchased and were found to be satisfactory.

FERTILISERS AND FEEDING STUFFS ACT 1926

Four samples of fertiliser and two of feeding stuffs were taken and found to be satisfactory.

The warning as to careful handling of bone meal may be repeated. This fertiliser is commonly infected with salmonella bacteria, the most common agent of food poisoning, and after using it the hands and finger nails should be thoroughly scrubbed.

PHARMACY AND POISONS ACT 1933

This act requires retailers of such commodities as hair colourings, horticultural washes, disinfectants and cleaning solutions listed in Part II of the Poisons List, to apply annually to have their names, and those of their deputies, entered on the local authority's list.

During the year, 93 retailers applied to have their names entered or retained on the list.

An unusual case arose in November when a complaint was received about an electro plating kit. The complainant had written for the kit which was adver-

tised in a national newspaper and it was delivered by carrier. Subsequently, when it did not work satisfactorily he was asked by the firm to return it to them, but the Post Office would not accept it because one of the items was a plastic bottle containing a solution of Cyanide and copper. The complainant was concerned about the possible toxicity of the solution and brought it to this office for advice.

The solution was sent to the Public Analyst and found to contain an appreciable proportion of Cyanide which brought it within Part I of the Poisons List, so the matter was referred to one of the Pharmaceutical Society's Inspectors who deal with this class of poisons.

It is understood that as a result of the Inspector's action this firm are no longer supplying these toxic materials direct to householders, but only to trade outlets.

REMOVAL OF WASTE FOOD

Several pigkeepers collect waste food from hotel and restaurant kitchens, and on occasions gave rise to complaints, especially from shopkeepers and holiday visitors in the centre of the town. Application was made to the Department of the Environment for byelaws to control collections. These were granted and came into force on 1st June, 1972. As a result it was possible to obtain improved covered vans.

One collector was summoned for two contraventions of the byelaws and he was fined £10 on each summons.

PUBLIC ABATTOIR

Mr. R. L. SCOTOW, Senior Meat Inspector, reports:

Tuberculosis

Twenty-four cattle were sent in as Tuberculosis Reactors during the year, an increase of three over the previous year. Of these, 11 cattle showed visible lesions of Tuberculosis and one other bovine showed some doubtful skin lesions. A further 12 adult cattle and seven calves were sent in as "In-contact" animals but on post-mortem examination they all proved free from lesions of Tuberculosis.

One heifer at routine inspection revealed lesions suggestive of Tuberculosis and the local Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food was informed so that further veterinary inspection of the herd involved might be made. Laboratory investigation of the lesion found proved positive for *M. tuberculosis*.

Fascioliasis

Rejection Rate of Bovine Livers

Year	Throughput	Whole Livers					Part Livers Fascioliasis	
		Total affected	%	Cause	No.	%	Total affected	%
1972	5,354	1,078	20	Fascioliasis Abscesses ... Other causes	510 490 78	10 9 1	1,121	21
1971	6,390	1,245	19	Fascioliasis Abscesses ... Other causes	670 445 130	10 7 2	1,902	30

The above table shows that although the total rejection rate for whole bovine livers increased slightly by 1%, the incidence of fascioliasis (liver fluke disease) fell from 40% to 31%. This is the lowest fascioliasis incidence for 15 years and shows that even if the farmers are not treating their animals for liver fluke then, at the very least, the weather has been unfavourable towards the breeding of the intermediate host, the mud snail.

The increase from 7% to 9% of whole livers rejected for abscesses this year probably reflects a greater number of intensively-reared cattle coming into the Public Abattoir for slaughter. Although these cattle are somewhat prone to liver abscesses and pneumonia, they provide first-class carcase meat in less time than cattle reared in the traditional manner.

Neoplasms

All 3 specimens sent for investigation proved to be true neoplasms and are summarised as follows:

NEOPLASMS

Primary Division	Provisional Classification	Cattle
Benign	Bilateral phaeochromocytomata	1
Malignant	Reticulum cell sarcoma	1
	Hepatoma	1

Curious Lesion Survey

Two specimens were sent to the Royal Veterinary College for investigation.

Specimen No. 10 comprised kidney sections and fat from an 11-year-old Sussex Bull. About 11 days prior to slaughter, this bull had a sudden attack of severe diarrhoea, had gone off its feed and was looking thin and poor. Veterinary treatment had been given but was discontinued after two days because of lack of response. A faeces specimen had revealed *E.coli* only.

Post-mortem examination of this bull showed that its kidneys were twice normal size. They were also pale and hard with small dots over the cortical surfaces. There was an enteritis and the mesenteric fats were oedematous. The carcase presented areas of subcutaneous oedema sufficient to show wet runs down the external surfaces. There was also light coloured reticular deposits in intermuscular fat together with some flecking of lighter colour in the pleurae.

In the past, the occasional finding, usually in kidneys of old cows, of this type of nephrotic degeneration, has always been considered to be no more than a form of chronic nephritis. However, this finding followed closely upon the publication in the *Veterinary Record* of "Bovine Renal Amyloidosis; A Clinico-Pathology Study" by three members of the Glasgow University Veterinary School. The authors' description of the clinical and post-mortem findings in eight cows so much resembled the findings in the bull that material just had to be sent for investigation.

The pathology report was returned as follows: "On examination of histological sections of the kidney, stained with haematoxylin and eosin, a picture not unlike amyloidosis was seen. The glomeruli were few in number and enlarged and their walls were thickened with an eosinophilic material. There was also eosinophilic material present along the tubules. When specific stains for amyloid were used the results were poor. However, the general distribution and staining properties point to *renal amyloidosis* rather than chronic nephritis."

Specimen No. 11 derived from a young Red Poll steer and consisted of several over 5 mm nodules beneath the dorsal surface of the tongue. Incision of the nodules showed white areas whilst no further lesions were found in the associated lymph nodes. This "focal calcinosis" was sent to see if it was anything other than the onset of actinobacillosis.

The pathology report was "The histological appearance was of an old actinobacillosis lesion. There was in some areas a central area of necrosis surrounded by epithelial cells. In other areas there was a marked fibroplasia."

Casualty Slaughtered Animals

Number slaughtered	Totally rejected	Carcases of which some part or organ was rejected	Passed unconditionally
Cattle ... 12	1	3	8
Sheep ... 1	—	1	—
Pigs ... 13	5	5	3
TOTALS ... 26	6	9	11

Although the above table shows that the number of animals slaughtered because of sickness or injury is less than half that for the previous year, it is possible that not all casualties became a recorded statistic. Most casualties are slaughtered immediately upon arrival and the meat inspector is informed verbally on the slaughterhouse floor before a casualty form is filled in. Paperwork is not always popular with a stockman who has other practical duties to perform.

Diseases of Animals Act

Once again this year there was no cause to take action concerning any Scheduled Disease controlled by various Orders. Visits to farms were made to ensure that the conditions of Movement Licences issued under the Regulations of Movement of Swine Order, 1969 were being complied with.

The Swine Vesicular Disease Order, 1972

This Order came into being in December of this year making swine vesicular disease a notifiable disease. This new disease seems to be akin to foot and mouth disease except that it only affects pigs. The Order details action and restrictions similar to those included in the Foot and Mouth Disease Order of 1928. Up to the end of the year, the County Borough had not been included in either an Infected or Controlled Area.

Slaughter of Animals Act, 1958

On the 31st December, 1972, 16 persons were in possession of slaughtering licences issued by the County Borough.

Slaughter of Animals (Prevention of Cruelty) Regulations, 1958

The annual return made by the occupiers of the local knacker's yard showed that no horse had been slaughtered on the premises and that no horse carcase had been received there during the past year.

ANIMALS SLAUGHTERED AT THE PUBLIC ABATTOIR

Carcases and Offal Inspected and Rejected in Whole or Part

	Cattle	Calves	Sheep	Pigs
Killed	5,354	483	12,576	14,958
Inspected	5,354	483	12,576	14,958
<i>All diseases except Tuberculosis and Cysticerci</i>				
Whole carcases condemned	3	3	15	117
Carcases of which some part or organ was condemned	2,222	7	702	6,094
Percentage of the number inspected infected with disease other than Tuberculosis and Cysticerci	41.56	2.07	5.70	41.52
<i>Tuberculosis only</i>				
Whole carcase condemned	—	—	—	—
Carcases of which some part or organ was condemned	12	—	—	18
Percentage of the number inspected infected with Tuberculosis	0.22	—	—	0.12
<i>Cysticercosis only</i>				
Carcases of which some part or organ was condemned	7	—	—	—
Carcases submitted to treatment by refrigeration	7	—	—	—
Percentage of the number inspected infected with Cysticerci	0.13	—	—	—

SPECIAL DUTIES

ATMOSPHERIC POLLUTION — NOISE NUISANCE etc.

Mr. L. H. WHANSLAW, Senior Public Health Inspector

Examination of Plans

During the past few years I have constantly remarked on the increasing number of building regulation and planning applications being received for consideration by the Council. This year is no exception, 4,270 plans being dealt with, approximately 1,000 more than last year.

It would seem that despite industrial disputes and any credit squeeze the amount of overall building work being executed in this area has been increasing at a considerable pace and shows no sign of slowing down. Because of the overwhelming amount of work involved, the procedure adopted by this department for scrutinising submitted plans has had to be changed. It is hoped that our new procedure will still enable us to negotiate with architects or developers before any work commences.

I should like to express my thanks to the Borough Surveyor's staff employed in the plan registry for the assistance accorded me throughout the year, without their help plan scrutiny would have been an even more formidable task.

Loss of Residential Accommodation

Properties concerned in applications for town planning approval involving a change of use which incorporates loss of residential accommodation increased in number this year to 109, an increase of 54 on last year's figure. On inspection of these premises, it was considered that 37 properties were either unfit for human habitation, in very poor repair or badly arranged.

Nursing Homes and Old Persons' Homes

Inspections of Old Persons' homes took place when requested by the Director of Social Services. All registered nursing homes were visited during the year. Works of repair were required at five homes. In addition, there were three new registrations and three cancellations of nursing homes.

Playgroups and Child Minders

Twenty-five applications were received for registration under the Nurseries and Child Minders Regulations Act, 1948 and the Health Services and Public Health Act, 1968 for premises to be used as a playgroup or for a person to act as a Child Minder in their own home. All premises were inspected and works specified to bring the accommodation up to the required standard.

Cinemas and Occasional Stage-Play Licences

All cinemas and theatres were inspected for annual licensing and found to be satisfactory. Applications for Occasional Stage-Play Licences were also received and the premises inspected. Discussions were held with the architects of the proposed triple cinema complex which, sited at the Top Rank Entertainment Centre, is to eventually replace some of the existing cinemas in the town. Work is now well under way.

Air Pollution

During 1972, 47 complaints concerning emissions of smoke were investigated. Seventeen complaints concerned emissions from chimneys, seven from demolition sites and 23 concerned bonfires. In addition, the question of excessive diesel fumes from vehicles was dealt with on a number of occasions by an informal approach to the firm concerned.

Seven applications were received for approval of chimney heights, six being approved and the seventh, which was refused, proceeding to appeal, the appeal being upheld subject to conditions which had been stipulated by this Department by the Secretary of State for the Environment.

Legal proceedings were instituted for three offences under the Clean Air Act, 1968 which concerned burning on demolition sites and, for one offence, under the Clean Air Act, 1956 involving the emission of dark smoke from a chimney. In the case of the smoking chimney, a fine of £25 was imposed, plus costs, and in the case of the emission of dark smoke from demolition sites, fines of £15 plus costs on each occasion were imposed. Where such fines are imposed, it is advantageous for the contractor to ignore the law and pay the fine rather than be faced with the cost of labour and transport involved in removing such material to the tip.

With the arrival of natural gas in the area, many of the larger boiler plants are converting to the use of this fuel and should thereby resolve the problem of acid smuts at some plants where complaints have been numerous over a number of years.

Complaints were also received last year of nuisance arising from stubble burning. This practice, which is increasing, can cause considerable nuisance and danger to the public unless special care is taken during burning. It is, I think, true to say that this year's burning was carried out carelessly and without thought or consideration to occupiers of premises situated near farm land. Generally, this year, conditions were so bad that as a result of public outcry, the National Farmers' Union were responsible for formulating a straw burning code.

Unfortunately, this code appears to deal almost entirely with the fire risk involved and does little to alleviate the smoke nuisance. Further meetings are to be held to re-examine the whole position. The farming community should bear in mind that unless they are prepared to co-operate fully in minimising this nuisance, public opinion may well persuade Parliament to draw up legislation banning, or at least controlling, the burning of stubble. During August of this year, Brighton was criticised in the National Press as a result of a report entitled "The National Survey of Air Pollution In The Ten Years Up To 1971" which stated that whilst cities such as London and Sheffield have cleaned up their air, Brighton and other Sussex towns need to do more to get rid of their excess smoke. This is not the first time that the problem of domestic smoke in Brighton has been pinpointed. A recent circular received from the Department of the Environment stated that there was no longer any cause for any Local Authority, black or white, to refrain from proceeding with a smoke control programme and emphasising that the Secretary of State wished to give every encouragement to smoke control and hoped to receive a large number of orders.

Because of this circular and a preliminary survey of the town which was undertaken this year, we were able to report to committee informing them of the estimated number of houses affected and a very approximate estimate of the cost per house. It was resolved that the report be received and that the Chief Public Health Inspector be requested to prepare a smoke control scheme, as recommended in our report, and to report further to the committee after making any enquiries that may be necessary. Such a scheme is now being prepared.

Noise

Noise complaints continue to occupy a considerable amount of the time of Inspectors in this Section. As our experience in dealing with this type of complaint increases it becomes very obvious that far more time needs to be utilised in the measurement and analysis of noise, particularly from industrial or commercial sources. Complaints of noise from discotheques and clubs continue to arise and this year legal proceedings were taken on two occasions with the following results:

Case 1 (a late night club)—£15 fine plus £15 costs (Nuisance Order granted).

Case 2 (public house discotheque)—no fine was imposed but a Nuisance Order granted.

As a result of this action, in case 2 the licensee has employed the services of noise consultants and a great deal of sound insulation work is now in progress. Many Inspectors dealing with noise problems are becoming increasingly concerned with the levels of music within discotheques and the resultant risk of hearing damage to persons frequenting them. Sound pressure level readings taken at these premises are often in excess of 100 dB(A) and continued exposure to such a level must, eventually, affect the hearing of these youngsters. There is, at present, a working group on "Noise in Public Places". We have informed this group of our concern in this matter and have been assured that this particular aspect will be considered by them.

Complaints dealt with during the year have included noise from the following sources:

1. Amplified music of one type or another.
2. A mechanical organ.
3. Numerous ventilation and air-conditioning systems.
4. Boiler plants.
5. Sawmills.
6. Demolition sites.
7. Noisy neighbours.
8. Water pumps for private swimming pools.

In addition to complaints from the general public, our assistance has been sought on a number of occasions by other Corporation Departments concerning such items as computer noise, lift noises, traffic noise surveys in improvement areas and the checking of new mechanical plant purchased by some Departments. It is also gratifying to know that architects and builders are becoming more aware of the problems that can arise from noise, and some local architects have sought our advice and requested readings to be taken of sound pressure levels where mechanical plant of one kind or another is incorporated in their building. This practice is to be encouraged and we are quite prepared to advise on these problems as far as we can, always bearing in mind that we cannot act as a private consultant and if detailed information is required then they should employ such a specialist firm. Unfortunately, equipment used by these firms is expensive and their charges relatively high. There is, therefore, still a reluctance to employ the specialist except as a last resort, this often proving to be very expensive in the long run. It cannot be too long now before new legislation dealing with noise is available and in last year's annual report I mentioned that the question of noise control zones is being considered. In readiness for such a scheme, and also in preparation for new traffic noise legislation (referred to later in this report) L10 readings are shortly to be commenced at chosen sites throughout the town.

There is often confusion on what the term "L10" stands for and as this is likely to be the criterion used in noise surveys for some time it may be as well to point out here that L10 was mentioned as long ago as in the Wilson Report of 1963 and merely indicates that noise level in dB(A) which is exceeded for just 10% of the time. Numerous attempts have been made to use other criteria but the L10 unit is simple to use and is backed up by the results of many social surveys over the years where it has been proved that people become annoyed or irritated by intrusive noise if such a noise persists for more than 10% of the time.

In October of this year, the Department of the Environment issued a circular 56/72 implementing the report of the Urban Motorways Committee and also drew attention to the White Paper—"Development and Compensation—Putting People First".

In this circular the Department points out that in the case of new roads and road improvements, where it was not considered appropriate, for one reason or another, to provide protective measures against noise, such as barriers, the Committee recommended that there should be a right to sound insulation of a dwelling which is subject to noise in excess of a specified level arising from the use of the new road. Details are to be provided in regulations which are shortly to be made by the Secretary of State. Here again, the qualifying noise level for insulation will be expressed in the unit L10 and for the purpose of the regulations will be further defined as the average for any normal week-day of

the L10 values for each hour during the period between 0600 hours and 2400 hours. This, obviously, could involve Environmental Health staff in a great deal of time in such investigations.

Health Education

As a result of the publicity given to the pollution of our environment a number of requests were received for inspectors to talk on air pollution and noise.

Office Environmental Health Survey

During the early part of this year, a request was received from the Brighton and Lewes Hospital Management Committee enquiring whether this Department would undertake a survey of the environmental conditions which existed at the new accident wing of the Royal Sussex County Hospital.

It was claimed that temperature levels, adequacy of ventilation, intensity of lighting, etc., were not entirely satisfactory and as a result, distress was being caused to both clerical and nursing staff employed in certain parts of this building. On investigation temperatures were found often to be in excess of 80°F and in one room air at a temperature of 103°F was being supplied to the room. Whilst it is necessary in some of the rooms investigated for people to undress, a temperature of 68-70°F is quite sufficient for this purpose. Attempts have been made, in some areas, to improve conditions by installing cooling units.

A majority of the rooms investigated were enclosed with no natural lighting or ventilation, mechanical ventilation being provided. There was a general feeling throughout the rooms of lack of air movement and at many of the extract grills there was no measurable movement of air and incoming air did not appear to be deflected sufficiently in a downward direction to provide suitable air movement at working level. As a result, staff were fixing doors open, thereby not affording adequate privacy for patients whilst undergoing treatment.

Measurements of relative humidity in the hospital gave readings well below the 45-55 range which is normally accepted as being comfortable for office conditions and this could partly be the reason why staff are alleged to be constantly thirsty. During summer months, of course, incoming air which is not cooled by any form of refrigeration, will be at a considerably higher temperature, resulting in conditions which could have a serious effect on the staff's capacity for work.

As previously mentioned, a number of the offices and consulting rooms had no adequate natural lighting. Whilst the artificial lighting provided was good, the Department of Employment and Productivity's recommendations on lighting in offices and shops state that most people prefer to work, if possible, in natural daylight and whilst artificial light can supplement daylight, and indeed replace it, it cannot replace the visual relaxation which comes from the occasional glance out of the window and the effect on morale of visual contact with the outside world. This statement was borne out on more than one occasion when staff so affected were questioned.

As a result of our investigations, which proved beyond doubt that the complaints received from members of the staff were justified, it was recommended that a thorough investigation of the unit by specialist ventilation engineers should be undertaken.

PIGEON CONTROL

Feral and wood pigeon control continued throughout the year by the local authority employing shooting, permanent traps, the contractor's patent trapping device, and narcotising baits under the licence of the Ministry of Agriculture, Fisheries and Food.

With the agreement of the Ministry, this authority are now employing the improved stupefying agent which incorporates a barbiturate in addition to the usual narcotic. This bait was briefly commented upon in last year's report, and after field trials during this year would appear to be all that is hoped for in an avian narcotic bait, providing quick and complete anaesthesia of the birds

Results of the control treatment for the year are summarised below:

<i>Month</i>					<i>Birds Destroyed</i>	<i>Complaints</i>
January ...	...	...	...	...	326	9
February ...	...	...	...	...	198	16
March ...	...	...	...	...	186	4
April ...	...	...	...	...	153	22
May ...	...	...	...	...	168	10
June ...	...	...	...	...	547	5
July ...	...	...	...	...	63	13
August ...	...	...	...	...	224	11
September...	...	...	...	...	75	5
October ...	...	...	...	...	214	9
November...	...	...	...	...	286	8
December ...	...	...	...	...	81	4
					2,521	116

Birds taken by permanent traps at three selected sites in the town and by contractor's patented trapping device—919.

Total of birds destroyed=3,440.

During the year the local authority has received an increasing number of complaints regarding nuisance from seagulls. These birds have moved into the town from the foreshore and now are to be found nesting on several of the high rise buildings, where the waste heat generated from the central heating and the shelter afforded by the terminated service ducts are more conducive to their well-being than the cold cliffs of the shore.

The Ministry are aware of this change in the habits of the birds, but, as yet, no change in legislation has been mooted to enable action by local authorities under Public Health Act provisions.

COUNTY BOROUGH OF BRIGHTON



ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

W. S. PARKER, *V.R.D.*

M.B., Ch.B., F.F.C.M., D.P.H., D.I.H.

1972

HEALTH DEPARTMENT,
BRIGHTON
July 1973

To the Members of the Brighton Education Authority

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the work of the School Health Service for the year ending 31st December, 1972.

An era is coming to an end. From April 1974 the School Health Service will become a part of the reorganised National Health Service. The Service has a long and distinguished history. It originated in legislation following a Royal Commission into the state of recruits to the army at the time of the Boer War. The health of school children has improved out of all recognition since those early days and the modern School Health Service has become a highly specialised service which not only provides effectively a health screen for the school population, but also provides assessment for handicaps which have a bearing on the child's education and supplies assessment and treatment in specialised fields, such as ophthalmology, audiology, speech and language disorders, orthopaedics, child guidance and, of course, dentistry.

It gives me great pleasure to welcome Mr. J. B. Herington as Principal School Dental Officer and I commend his first Annual Report. At the time he took up his duties in April there was an acute shortage of dental staff. It is encouraging that under the enthusiasm he has brought to the dental department these staffing problems are slowly but surely being overcome.

The report on audiology services is of particular interest. In this connection it is worth noting that the programme of Rubella vaccinations, which has been adopted nationally as a means of preventing the significant number of cases of deafness and of other handicaps occurring in babies as the result of maternal rubella, has been maintained this year with 80% of children eligible accepting vaccination. Of these the majority, 71%, were vaccinated at school.

A particular area of concern is the steady increase in children with emotional and behavioural problems referred to child guidance. In 1972 referrals to the Child Guidance Clinic rose by 15% above the previous year and the number of children actually assessed as maladjusted was doubled. The year saw an increase in the social work staff of the clinic which undoubtedly strengthened the child guidance team.

The speech therapy service also has suffered from being below full establishment, following a resignation in January. If one were permitted a moment of crystal-ball gazing, it would be apparent that the new year will see an improved situation with regard to staff in this very important department of the School Health Service.

Once again, I should like to thank the Chairman and Members of the Education Committee for their continuing interest in the School Health Service and to express my appreciation for the co-operation of the Director of Education, of his staff and of the Heads of schools.

On this occasion I should like also to pay tribute to all grades of staff in the School Health Service who have worked devotedly to promote the health of the school child in Brighton. In this I include my Deputy, Dr. P. A. Shave, who has been responsible for preparing this Report and for the general administration of the Service on my behalf.

Yours faithfully,

W. S. PARKER,

Principal School Medical Office

EDUCATION COMMITTEE FOR THE COUNTY BOROUGH OF BRIGHTON

Members of the Education Committee and certain Sub-Committees
as at 31st December, 1972

EDUCATION COMMITTEE

Councillor G. A. BURTON (*Chairman*)
HIS WORSHIP THE MAYOR
(Alderman G. C. C. PACKHAM, J.P.)
Alderman D. S. Y. BAKER, *M.B.E.*, J.P.
" S. D. DEASON
" G. FITZGERALD, *K.S.G.*
" J. L. MILLER
" Miss D. E. STRINGER, *O.B.E.*
" S. W. THEOBALD
" F. E. WINCHESTER
Councillor W. E. ADAMS
" P. J. R. CARTWRIGHT, *D.F.C.*
" A. E. CLACK
" M. A. CLARKE
" R. J. CRISTOFOLI
" Mrs. M. A. O. FITCH

Councillor G. HARBER
" Miss R. E. LARKIN
" Mrs. G. R. MORRISON
" J. P. P. SMITH
" S. W. TAYLOR, *M.B.E.*
" G. T. THEOBALD
Mr. G. G. BRADLEY
Mr. N. W. CARTER, *B.SC.*
Mrs. P. A. DRAKE
The Rev. M. G. COSTELLO
Mr. W. F. C. HARRIS
The Rev. Canon J. N. KEELING
Mr. S. LEVISON
Mrs. C. A. SMITH
The Rev. EMRYS WALTERS

SCHOOLS SUB-COMMITTEE

Councillor S. W. TAYLOR, *M.B.E.*
(*Chairman*)
THE MAYOR (*ex-officio*)
Alderman S. D. DEASON
" Miss D. E. STRINGER, *O.B.E.*
Councillor G. A. BURTON (*ex-officio*)
" Mrs. M. A. O. FITCH
" G. HARBER

Councillor G. THEOBALD
Mr. N. W. CARTER, *B.SC.*
Rev. M. G. COSTELLO
Mr. W. F. C. HARRIS
Mr. S. LEVISON
Mrs. C. A. SMITH
Rev. EMRYS WALTERS

SCHOOL ATTENDANCE AND EMPLOYMENT BRANCH SUB-COMMITTEE

Councillor Mrs. G. R. MORRISON
(*Chairman*)
Alderman T. A. MARKHAM
Councillor G. HARBER

Mrs. C. A. SMITH
Miss S. SACCHI } *representing Brighton*
Miss A. DE MOHUN } *Teachers' Association*

and the remaining members of the Schools Sub-Committee who have formed four groups,
each group attending a meeting in rota.

GOVERNORS OF DOWNS VIEW DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Councillor Mrs. C. L. E. NETTLETON
(*Chairman*)
" G. A. BURTON (*ex-officio*)
" Mrs. M. A. O. FITCH
" G. HARBER
" R. B. ROGER-JONES
(*Representing Health Committee*)
" S. W. TAYLOR, *M.B.E.*
(*ex-officio*)
Mr. F. H. J. DAVIDSON
Mrs. E. CARVER
Mr. D. A. GOSWELL

Representing Social Services Committee

*Representing Local
Education Authority*

Mr. H. J. SANTS, *M.A.(OXON)*
(*Representing University of Sussex*)
Mr. M. GILKES, *F.R.C.S.*
(*Representing Brighton Branch B.M.A.*)
Mrs. J. A. BIRD (*Representing
Brighton College of Education*)

GOVERNORS OF WOODSIDE DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

Councillor Mrs. C. L. E. NETTLETON		
	(<i>Chairman</i>)	
Alderman Miss D. E. STRINGER, O.B.E.	}	<i>Representing</i>
Councillor Mrs. M. A. O. FITCH		<i>Local</i>
„ A. H. HARMAN		<i>Education Authority</i>
Alderman Mrs. G. M. CECCOTTI		
Councillor G. A. BURTON (<i>ex-officio</i>)		
„ S. W. TAYLOR, M.B.E.		
	(<i>ex-officio</i>)	
Mr. T. R. SEXTON		Mr. P. BRADSHAW
(<i>Representing University of Sussex</i>)		Mrs. J. UNDERHILL
		Miss I. SEILLER
		The Rev. M. PICKERING

SCHOOL HEALTH SERVICE STAFF

Medical Officers

W. S. PARKER, V.R.D., M.B., Ch.B., F.F.C.M., D.P.H., D.I.H., Principal School Medical Officer
P. A. SHAVE, M.B., B.S., M.F.C.M., D.P.H., D.T.M. & H., Deputy Principal School Medical Officer
L. B. PETERS, M.B., B.S., Senior School Medical Officer.
MARY C. PRICE, M.B., Ch.B., C.P.H., School Medical Officer
MARGARET PARKER, M.B., Ch.B., M.F.C.M., D.P.H., School Medical Officer (sessional)
V. O. B. GARTSIDE, V.R.D., M.A., M.R.C.S., L.R.C.P., D.P.H., D.I.H., School Medical Officer (part-time)
JANE M. FOSTER, M.B., B.S., D.A., D.R.C.O.G., School Medical Officer (sessional)
JOAN E. WARREN, M.B., Ch.B., D.P.H., School Medical Officer (sessional)
E. H. OSBORN SMITH, M.B., B.S., M.R.C.S., L.R.C.P., L.M.S.S.A., D.P.H., Diploma in Audiology, Medical Officer (Audiology)
AUSTIN BROWN, Esq., F.R.C.S., Orthopaedic Surgeon
D. ST. CLAIR ROBERTS, M.A., B.M., B.Ch., F.R.C.S., Ophthalmic Surgeon
P. JENNER, L.R.C.P.I. and L.M., L.R.C.S.I. and L.M., D.O.M.S., O.S., Ophthalmologist
N. R. W. SPACEK, M.B., D.A., F.F.A.R.C.S., Anaesthetist
M. G. E. MORGAN, M.R.C.P., M.R.C.P. Psych., M.Ph., Medical Director Child Guidance
M. HELLER, M.B., M.R.C.P., D.P.M., Consultant Psychiatrist

Dental Officers

W. H. GARLAND, B.D.S. (U.Lond.), L.D.S., D.D.P.H., R.C.S. (Eng.), Principal School Dental Officer (to 31/1/72)
J. B. HERINGTON, L.D.S., R.C.S. (Eng.), Principal School Dental Officer (from 1/4/72)
R. H. THOSEBY, L.D.S., R.C.S. (Eng.), Senior School Dental Officer
P. G. DUDLEY, B.D.S. (U.Lond.), L.D.S., R.C.S. (Eng.), School Dental Officer (to 28/2/72)
L. G. MOREY, L.D.S., R.C.S. (Eng.), D.D.S., School Dental Officer (part time)
FRANCES KIRK, B.D.S. (U.Lond.), School Dental Officer (part-time) (to 4/2/72)
CHRISTINA KANE, B.D.S., School Dental Officer (part-time)
S. HAMMETT, L.D.S., R.C.S. (Eng.), School Dental Officer (part-time) (to 14/4/72)
VALERIE BROOMFIELD, L.D.S., School Dental Officer (part-time)
NORAH COPELAND, L.D.S., School Dental Officer (part-time) (from 26/10/72)
F. C. SHENTON, L.D.S.V.U. (Manc.), D.Orth., R.C.S. (Eng.), Consultant Orthodontist

Child Guidance Clinic

Mr. J. FOSTER, M.A., M.Ed., A.B.Ps.S., F.S.S., Senior Psychologist
Mrs. J. ALLAN, B.A., Psychologist (part-time)
Mr. R. OSBORN, M.A., Psychologist
Miss G. M. LAWLOR, A.A.P.S.W., Psychiatric Social Worker (from 4/11/72)
Mrs. M. BUCKLAND, Psychiatric Social Worker (left September 1972)
Mr. P. HARLING, Psychiatric Social Worker (left 31/7/72)
Miss A. RICHARDSON, Psychiatric Social Worker (from 1/9/72)
Mr. M. CLARE, B.A., M.S.W., Cert. Ed., Psychiatric Social Worker (from 2/10/72)
Mrs. M. RIAN, Teacher/Therapist
Mrs. D. THORPE, Secretary/Receptionist (left 21/1/72)
Mrs. D. CLARK, Secretarial (Psychiatrists)
Miss S. TARASOW, Secretarial (Psychiatrists)
Mrs. G. WHITTINGHAM, Clerical (Psychologists)

Speech Clinic

Mrs. C. McINTYRE, L.C.S.T., Senior Speech Therapist
 Miss R. WOODWARD, L.C.S.T., Speech Therapist
 Mrs. J. MILLS, L.C.S.T., Speech Therapist (part-time)
 Miss V. BAXTER, L.C.S.T., Speech Therapist (left 5/1/72)

Orthopaedic Clinic

Mr. G. CALVER, M.C.S.P., S.R.P., Senior Physiotherapist
 Mrs. E. HILLABY, M.C.S.P., S.R.P., Physiotherapist
 Mrs. B. DIXON, M.C.S.P., S.R.P., Physiotherapist (part-time) (from 27/9/72)

School Nursing Staff

Miss A. WEBBER, Superintendent School Nurse	Mrs. B. FRANKLIN (left July 1972)
Miss F. DAVIDSON, School Nurse (Audiology)	Miss H. CARMICHAEL
Miss A. HURST, School Nurse (Audiology)	Mrs. S. ING
Mrs. M. C. WALKER	Mrs. N. BIRKS (left 29/2/72)
Mrs. I. HAMMERSLEY	Miss C. E. ROBERTS (from 18/4/72)
	Miss J. VINALL (15/9/72-13/1/73)
	Mrs. P. DEAL (Auxiliary Nurse)

Dental Auxiliaries

Mrs. G. HOLT, Certificate of Proficiency as a Dental Auxiliary
 Mrs. G. HUNT, Certificate of Proficiency as a Dental Auxiliary (part-time) (from 13/6/72)
 Mrs. S. STILLMAN, Certificate of Proficiency as a Dental Auxiliary (part-time) (from 8/11/72)

Dental Surgery Assistants

Mrs. I. ROUTLEDGE
 Miss S. BUTTERISS
 Mrs. S. WAY (*nee* HASTINGS) (National Certificate for Dental Surgery Assistants)
 Miss M. SOLOMONS
 Mrs. A. WINDHAM (part-time)
 Mrs. D. MASON (part-time)
 Mrs. V. DUCKETT (part-time)

Dental Clerical Assistant

F. WRIGHT

Clerical Staff

Miss D. SEYMOUR, D.M.A., Senior Clerk	Miss J. ANSCOMBE (left 31/3/72)
Mrs. M. BIRD	Miss S. BOLDERS (left 24/6/72)
Miss C. CHERRY	Mrs. J. BIRCH (from 19/6/72)
Mrs. V. RODBARD (<i>nee</i> Reeves)	Miss J. OSMAN (from 3/7/72)
Miss H. STEVENS (left 22/7/72)	Miss C. JUPP (from 21/8/72)

Section A

**COMMENTS ON THE
SCHOOL HEALTH SERVICE 1972**

by Dr. L. B. PETERS, Senior School Medical Officer

As I write this report the wind of change is blowing at hurricane force and yet we are still in ignorance as to the details of the changes in the School Health Services. One of the things which I hope will not be forgotten is the importance of having time to explain fully to parents some of what may be regarded as the trivia of medicine. For instance, it should be regarded as a matter for mutual congratulation when nothing is found wrong with a child at medical examination rather than the "Wasting of the doctor's time" attitude which prevails in some circles. It is clear that changes are coming, mostly for the better, but we must leave doctors time to explain and, above all, to listen.

Oddly enough in connection with the twitch due to long hair in girls, this has now been observed by me in a boy!

The problem of obesity continues to bedevil us, no doubt the affluence of the South playing its part in causation. I nevertheless feel that there is a factor 'X' which is as yet not understood why one child appears to eat all the time and remain thin whereas another eats little but remains overweight.

Generally, the physical health of Brighton's schoolchildren remains excellent.

Section B

THE WORK OF THE SCHOOL HEALTH SERVICE 1972

I. HANDICAPPED PUPILS

I append a table showing the disposition by handicapped educational placement of the pupils ascertained as handicapped pupils under the Education Act 1944.

Ascertainment and placement of handicapped pupils, 1972

				No.		
				ascertained	No. placed and school	
Physically Handicapped	...	...	...	1	1—Chailey Heritage	
Delicate	...	...	...	5	2—Meath House, Ottershaw	
					1—Laleham, Margate	
					1—St. Catherine's, Ventnor	
					1—Suntrap, Hayling Island	
Maladjusted	...	...	...	20	1—St. Michael's, Uckfield	
					2—St. Vincent's,	
					St. Leonards-on-Sea	
					1—Red Hill, East Sutton, Kent	
					1—Clouds House, Wiltshire	
					3—Muntham House, Horsham	
					4—Farney Close, Bolney	
					1—Cotswold Chine, Glos.	
					1—Tylney Hall, Hants.	
					1—Towers, Beeding	
					1—Rotherfield Hall	
Speech Defects	...	...	...	1		
Educationally Sub-normal	...	...	...	5	Boarding	1—Bourne Place,
						Hildenborough
				40	Day	1—Pitt House, Torquay
						1—St. Mary's, Horam
						35—Woodside Day Special
						14—Downsview Day Special

NOTE: The number ascertained and the number placed do not necessarily correspond as children are not invariably placed in the year they are ascertained.

(i) Children deemed Educationally Sub-normal

A total of 45 children were ascertained as educationally sub-normal.

Thirty-five children were admitted to the Woodside Day Special School during the year. Thirty-five children left the school as follows:

School leaving age	...	...	...	...	...	23
Moved to another district	...	...	...	...	...	3
Transferred to residential special school	...	...	...	...	...	1
Transferred to ordinary school	...	...	...	...	...	7
Transferred to another day special school	...	...	...	...	...	1

I am indebted to Mr. E. J. Queen for the following report on the Woodside Special School of which he is Head Teacher:

Twice a year conferences are held at Woodside to discuss the youngsters who are about to leave. As part of the lead up to leaving, youngsters have been tried out in an industrialised setting outside the school. Consequently it is possible to compare the impression that has been created by these young adults in an outside work setting, with the school's assessment of their work potential. It is worthy of note that on no occasion has there been a marked difference of opinion on any child. More importantly it is very revealing that the conferences show that the social adjustment of the leaver is the critical

factor in determining his degree of success in the work situation. Manual skills, academic ability, intellectual functioning, etc., all appear to be secondary in the final analysis. This is an important finding for teachers at Woodside. It confirms the importance of the efforts which are made to straighten out the interpersonal difficulties which complicate the lives of a fair proportion of our youngsters.

The Friends of Woodside succeed to a certain extent providing bridges between home and school, and the open door policy at Woodside encourages any worried parent to come and share his/her problem with us. Given a strong link between home and school, we can at least agree on an objective assessment of, and structured approach to, the difficulties a child is experiencing. The school educational psychologist, the school nurse, and the education welfare officer who visit the homes, help in furthering this liaison. However, some of our greatest problems are not amenable to solution in this way, and the termly conferences concerned with children with whom we are having least success is an attempt to enlist the support of other agencies.

We hope that intervention of this kind, well before the fateful leaving date for the child, may be a means of bringing about the stability which will improve his prospects of obtaining and holding down a job.

Miss K. E. M. Coe, the Headmistress, reports as follows on the Special Class, Whitehawk Infants School.

In September, 1971 the E.S.N. unit contained 19 children, 9 remaining from the previous school year. One of these was an extremely difficult child who was physically stronger than an adult and given to furniture throwing.

Miss Beckwith, the class teacher coped admirably with this situation, but other children reacted unfavourably accentuated by the fact that many lived in the immediate vicinity of this boy and out of school problems continued in the classroom – resulting in bedwetting and other nervous disorders. Arrangements were made for him to attend the Day Centre for three sessions per week and we decided to transfer him to a class containing elder and physically larger children. He continued at Day Centre.

One child (partially blind and delicate) was transferred to Patcham House School and one left the district allowing for two new admissions, one of whom was a little girl with severe communication difficulties who had been thoroughly unhappy in a large class.

The class in July, 1972, finished with 2 recommended for Woodsiee – both parents refused, 6 to remedial junior classes, 3 to normal school and 8 remaining for further year. Although it was a year of many difficulties, the work was excellent and many difficulties overcome.

Downs View Day Special School

Number on Register	...	...	...	...	...	83
Number of Admissions	...	...	...	...	...	14
Transferred to Residential School	...	...	...	...	...	1
Left District...	...	...	...	...	...	5
School Leaving Age	...	...	...	...	...	1

Miss E. A. Hollis, Headmistress, reports:

A school such as Downs View has a very great need of the supportive services offered by the School Health Service. It is only with the help we get from Doctors, Audiologists, Nurses, Speech Therapists, Physiotherapists, etc., that the work of the teaching staff can satisfy the needs of the children we deal with.

We have been pleased to act as hosts to groups of sixth form students from schools throughout the town, and more important, to groups of student health visitors, and assorted nursing groups.

Visits such as this have helped to spread the word about the type of children we are dealing with. Now, both the Parents of these children, and the staff of the school are beginning to see an improvement in relationships with the general public, which is an all-important factor in getting severely handicapped boys and girls out into everyday life.

Improved swimming facilities and a school Mini-bus are also benefiting the children.

The waiting list has built up over the past year, but we are now able to assimilate a further nine children. They will be situated in temporary accommodation provided by the Social Services Department at 83 Beaconsfield Villas until other facilities can be provided.

Mrs. V. Seddon, the Headmistress, reports as follows on the Special Class, Moulsecoomb Infants' School:

We had our full complement of twenty children in the Special Class with intelligence quotients varying from 60-110+. Two of the more seriously maladjusted of the group have since been taken into care of the Local Authority. Three children were transferred to the Junior School and a further three to Woodside. Seven boys and girls were retained for another year, three of these children with I.Q.'s of approximately 65 have, nevertheless, made good progress and have all begun to read. One child, who began School late at 5½, was incontinent and very withdrawn; he is improving although still very reserved. A further child has a fairly severe hearing deficiency, and another child is under consideration for a place at an Open Air School for delicate children, due to his poor health and consequent low School attendance.

This School year we were able to transfer seven pupils to the normal school. They had through the skilled care of Mrs. Dalling, the class teacher, acquired sufficient confidence in social behaviour and reading ability to cope with normal School life.

(ii) Children deemed Blind and Partially Sighted

Mr. D. St. Clair Roberts, Consultant Ophthalmic Surgeon, reports as follows:

The number and types of cases seen in the School Eye Clinic correspond with previous years. It is satisfactory to report that there is little delay in seeing new cases. In Brighton every effort is made to see pre-school children so that the delay in starting treatment of squint and amblyopia reported elsewhere should be minimised. The co-operation of the nursing staff is most useful in ensuring re-attendance when, for one reason or another, follow-up appointments are missed. There is unfortunately still a long delay in seeing the more routine follow-up cases, but every effort is being made to deal with the problem.

(iii) Children deemed Deaf and Partially Deaf

I am indebted to Dr. E. H. Osborn Smith (Medical Officer Audiology) for the following report:

Audiology Department—1972

There are all gradations of hearing defect. About one in a thousand children have deafness which is so severe that they require education in a special school and communication by speech is severely affected. In most instances the defect is present at birth and should be detected in infancy.

Far more numerous are the children with slight or moderate impairments which are usually discovered by routine screening audiometry in schools. Although a small proportion of such defects are congenital, the majority are acquired due to chronic catarrhal disorder of the middle ear. When both ears are involved, educational progress may be adversely affected unless the condition is known to the teacher and active steps are taken to mitigate the hearing problem by special class placement in addition to medical or surgical treatment. Defective hearing confined to one ear is usually no more than a nuisance unless the condition is undetected and the child is seated with the defective ear towards the teacher and other pupils.

HEARING TESTS ON PRE-SCHOOL CHILDREN

During the year eight infants were diagnosed with severe hearing defects. The source of referral was:

Royal Alexandra Children's Hospital	...	...	...	4
Health Visitors	...	...	...	3
Otologist	...	...	...	1

The youngest child aged 8 months was referred from the Royal Alexandra Children's Hospital. She was the second-born of twins, a breech delivery, 8 weeks' premature and weighing 4½lbs. She had respiratory difficulties at birth, was nursed in an incubator for 5 weeks, developed pneumonia and convulsions and was behind her twin sister in attainments. There is also little doubt that hearing is defective but an accurate assessment has not yet been possible.

The ages of the other seven children ranged from 15 months to 3 years 4 months and the reason for referral was delayed speech development. Why were these children not detected at an earlier age by a health visitor's screening test? Unfortunately details are only available of the three babies born in the Brighton area. All failed to attend a health visitor's screening test at 7 months despite the fact that in each case a second invitation was sent.

In 1972, 1,281 babies had screening tests of hearing by health visitors and 44 were referred to the Audiology Department for further assessment.

SCREENING TESTS OF HEARING IN SCHOOLS

Few would dispute the necessity for one or more screening tests of hearing during the 11 year period between school entry and school leaving age.

The surprising results of these tests is the large number of children who are discovered with minor hearing impairment. Even after employing various criteria for selecting the more significant defects, between 9 and 10% of infant and junior school children may be expected to 'fail' such tests.

During 1972, 5,305 children had a pure tone screening test of hearing in school with the following results:

Pass "A"—i.e. the child heard all the test tones in both ears—	3,459 (65.3%).
Pass "B"—i.e. the child heard some of the test tones in both ears—	1,336 (25.2%).
Failed	—510 (9.5%).

Children in the latter group have a pure tone threshold at school and if there is a significant defect, an appointment is made for more detailed assessment at the Audiology Clinic.

DETAILED HEARING ASSESSMENT

A child attending the Audiology Department of the School Clinic may have some of the following investigations:

Medical and developmental history; Ear, nose and throat examination; Audiometry:

- (a) Distraction test—the observation of an infant's ability to detect and locate quiet sounds.
- (b) Performance test—play audiometry for toddlers.
- (c) Pure tone threshold audiometry (air and bone conduction) to provide information on the nature, degree and type of hearing effect.
- (d) Speech Audiometry—a test of the child's hearing ability for speech at intensities varying from loud down to whispered speech level.

Some of these tests may be time consuming and exacting on the patience and concentration of all concerned. The art is in selecting the most appropriate investigations and knowing when to stop.

REFERRALS TO SUSSEX THROAT AND EAR HOSPITAL

66 children were referred with the following outcome:

Removal of tonsils and/or adenoids	...	...	...	26
Myringotomy and/or insertion of a grommet	...	...	...	9
Medical treatment prescribed	...	...	...	8
Medresco hearing aid issued	...	...	...	11
Further observation	...	...	...	3
Hospital report awaited	...	...	...	2
No action proposed...	...	...	...	7

Of 65 children with defective hearing the type of disorder was conductive in 43, perceptive in 19 and mixed conductive/perceptive in 3.

When the defect is of the perceptive or sensori-neural variety there is no surgical or medical remedy but a hearing aid may be of considerable assistance. However children, like adults, are very sensitive about using an aid and many fail to persevere. To overcome the cosmetic objections commercial firms have continued the trend towards the design of smaller bodyworn aids and instruments worn behind or in the ear. The hearing aids available 'free' under the National Health Service are unfortunately comparatively large and therefore less acceptable.

SPECIAL EDUCATIONAL TREATMENT

The Advisory Teacher of the Deaf is informed of all children with serious hearing problems and he arranges the appropriate supervision in the home, the nursery or the school.

At present there are six pre-school children receiving auditory training and thirty children attending ordinary schools who have at some time been issued with a hearing aid. The numbers of children requiring special educational placement are indicated below:

Hamilton Lodge School for the Deaf	...	...	...	10
Ovingdean Hall School for the Partially Deaf	...	...	...	4
Miscellaneous	...	...	...	2
Bevendean Partially Hearing Unit	...	...	...	15

Mr. T. G. Ruggles, Teacher-in-Charge, Bevendean Partially Hearing Unit, reports:

During the past year the Partially Hearing Units and their staff of teachers of the deaf have continued to provide a widely embracing service for hearing-impaired children. Guidance and educational provision is available from early infancy to school leaving age. Numbers of children attending the Units are as follows

					<i>Inf. P. H. U.</i>	<i>Junior P. H. U.</i>	<i>Total</i>
December 1971	...	...	...	...	7	12	19
December 1972	...	...	...	...	7	8	15

Four children left the junior Unit at the end of the summer term to attend secondary schools. Of these 4 (all boys), 3 gained admission to the Secondary Technical School.

Case-load figures for peripatetic visits are as follows:

		<i>Pre-school</i>	<i>Infant</i>	<i>Junior</i>	<i>Secondary</i>	<i>Total</i>
December 1971	...	7	8	15	17	47
December 1972	...	9	6	14	16	45

Of the 16 children at secondary schools, 9 are past pupils of the Bevendean Units.

During the past 12 months we have welcomed numerous visitors to the Units. Most have been students from Brighton College of Education or Sussex University, but some have been overseas visitors from Australia, India and Scandinavia.

One problem which has confronted both children and staff for a long period has been discrimination difficulty within the normal classroom situation. All children attending the Units spend the greater part of the school day in normal classes. Because their hearing aids are non-selective amplifiers (amplifying both the teacher's voice and ambient noise) serious discrimination difficulties have frequently arisen. It would appear that a solution to this problem has now been found in the form of radio link hearing aids. The teacher wears a compact microphone transmitter on a halter around the neck. The child receives the teacher's voice through a radio receiver which is a little larger than a conventional hearing aid. The virtue of this equipment is that it allows optimum amplification of the teacher's words with virtually no amplification of ambient noise. There are presently five such sets of equipment in use, one of which was donated by I.T.V's 'Magpie' programme following their appeal for funds to help deaf children. We are most grateful to all concerned with the programme for their most welcome gift.

(iv) Children deemed Delicate

Five children were ascertained as delicate and administratively dealt with accordingly.

(v) Children deemed as Maladjusted

Twenty children were represented as maladjusted during 1972; placement was found for sixteen such ascertained children during the period.

Dr. M. G. E. Morgan, Consultant Psychiatrist, reports on the work of the Child Guidance Clinic:

Staff Changes

During the past year we have had a complete change over in our Social Work staff. Both Mrs. Buckland and Mr. Harling have left and been replaced by the return of Miss Lawlor as Senior Psychiatric Social Worker and by the appointments of Miss Richardson and Mr. Clare. There have been no other changes but Dr. Heller has now relinquished one of his sessions to act as Consultant Psychiatrist at the newly opened Brentwood Reception Centre.

Accommodation

Owing to our actual and proposed increase in establishment some alterations have been made in Edward House in an attempt to find accommodation. Whilst the building is now somewhat crowded we have managed, and feel that the price paid for lack of space is amply repaid by being able to keep the School Psychological Service and the Child Guidance Clinic under the same roof. This facilitates communication amongst the professional staff, and enables our secretaries to exchange information more easily.

Activities Outside the Clinic

Mrs. Riant, Teacher Therapist, is weekly visiting Whitehawk Secondary School and taking a small group of the more disturbed boys for discussion groups. The Clinic feels that this has been a profitable exercise and would like to see it expanded with perhaps more involvement by the teaching staff. Towards the end of the year our new Social Workers have been able to start seminars with the Health Visitors, as we had hoped to do before the staff changes.

Work with Other Agencies

We would like to think that our relationship with the other agencies in the Borough is continuing to be good and that our levels of communication are being maintained if not improved. We hope that as the new Social Workers become fully integrated that we can increase discussions, exchange of opinions and mutual support.

Student Social Workers

We are continuing to have students from the M.S.W. Course at Sussex University and have found that clinical contribution and stimulation is amply repaying the teaching time they require.

The Senior Education Psychologist has submitted a separate report representing the work in the School Psychological Service.

Statistics

It has been felt that the annotation of attendances would give little information, because of the running down and building up of case work by the old and new staff.

CHILD GUIDANCE STATISTICS

						1972	1971
<i>Number of cases referred</i>						197	172
<i>Sources of referral:</i>							
Senior School Medical Officer	...	...	...	...	...	38	23
Social Services Children's Section	...	...	...	...	...	7	13
Probation Officer	...	...	...	...	...	—	—
Juvenile Court...	...	...	...	...	...	7	9
Health Visitors	...	...	...	...	...	21	10
G.P's	...	...	...	...	...	35	24
Educational Psychologists	...	...	...	...	...	38	42
<i>Transferred in:</i>							
Hospitals	...	...	...	...	...	2	14
Other C.G.S's	...	...	...	...	...	—	—
Others	...	...	...	...	...	13	3
Schools	...	...	...	...	...	—	3
Parents	...	...	...	...	...	29	26
Education Department	...	...	...	...	...	3	3
Health Department	...	...	...	...	...	—	2
Others	...	...	...	...	...	4	—
No. of cases closed	...	...	...	...	...	58	—

School Psychological Service

The staffing of the School Psychological Service has remained the same for the year, namely: Senior Educational Psychologist (J. M. Foster), Educational Psychologist (R. Osborn), and Educational Psychologist (part-time) (Mrs. J. Allan). The establishment was increased to one further Educational Psychologist during the year, but this has not yet been filled owing to the unsuitability of the candidates who have applied on two occasions.

The demands and pressures of work on the School Psychological Service have been extremely heavy over the year. In addition to assessing children with a wide variety of difficulties in the schools, an increasing number of home

visits have been made to give appropriate advice and help to the parents of the children seen.

Part of the work of the School Psychological Service is devoted to the work of the Child Guidance Clinic, as the Educational Psychologists are part of the team.

The year has seen the effective growth of the work of the Special Day Centre for Emotionally Disturbed Children, and regular contact has been made with the three Special Schools, the Day Centre and Special Classes in ordinary schools.

The work of the service continues to expand as it covers an ever-increasing demand in the Borough.

SCHOOL PSYCHOLOGICAL SERVICE
January to December 1972

(a)	Total number of children referred	...	...	...	...	769
(b)	Total number of children seen:	...	...	...	...	872
	(i) No. of new cases referred	...	...	...	...	613
	(ii) No. of new cases reviewed	...	...	...	...	156
	(iii) No. of old cases reviewed	...	...	...	...	103
	Total	...	...	...	...	872

There are at least two home visits a week on average.

Mr. L. W. Hill, the Teacher-in-Charge, reports as follows on the Day Centre, 7 St. George's Place:

The Principal School Medical Officer's Report of 1970 reported the beginnings at Coldean of what is now the above Day Centre. This Centre for the treatment of all types of maladjustment and emotional disturbance has seen considerable change and expansion since that time. Supporting the local schools in their efforts with such pupils is a major portion of the work of this Centre. Pupils are drawn from the wide range of educational provision in the Borough, twenty-five schools being currently helped in this way. This number is composed of 11 Infant Schools, 11 Junior Schools, 2 Secondary Schools, and 1 Special School.

The pupils arrive at the Centre for a given number of half day sessions, according to their individual needs. The activities are structured according to the individual pupil's requirement, confidence building, curbing or diversion of aggression, remedial work, etc. In practice this involves the use of various remedial techniques, activities in art, craft, games, science, physical education, swimming, academically biased projects, therapeutic drama, etc.

The basic aim is always the re-introduction of the pupil to the most suitable form of full time education. The problem of our pupils though, is rarely entirely an educational one. Emotional disturbance may be caused by many sources of irritation, and if the work of the Centre is to be effective, it must be seen to be playing its part in these areas too. Therefore in addition to the schools the Centre is in close contact with the parents of the pupils, and the services provided by Educational Psychology, Child Guidance, School Clinic, and Social Services. The Centre publishes a more detailed report of its work, which may be obtained on application to the Teacher-in-Charge.

(vi) Other categories of Handicap

Mr. N. Clark, the Headmaster, reports as follows on Patcham House School:

The demand for places at Patcham House increased during the year, and the few vacancies which arose due to school-leaving and transfers were quickly filled, keeping the roll at 50 children, the maximum number which can be catered for under existing conditions. Two boys reached school-leaving age

and left during the Summer. Both had some difficulty in obtaining employment at first, leaving as they did in a period of high unemployment, but I am happy to say that, by September, both had obtained jobs, one with a well-known firm of men's outfitters and the other in a small furniture factory.

Mrs. E. G. Wickens, an existing member of the teaching staff, was appointed to the vacant post of Deputy Head Teacher with effect from 1st April, 1972.

Because many children had considerable reading difficulties, a programme designed to improve reading standards was embarked upon. By the end of the year a very satisfactory number of children had shown greatly increased progress, and the general standard of reading had shown a marked improvement. A small group of the older children commenced work on a syllabus for the C.S.E. examination, for which they should be ready in 1974-75. As an incentive to free writing, a School Magazine called "Phase" was brought into being, and during the year Phase 1 and Phase 2 were published under the Editorship of one of the senior boys.

The year saw a great increase in the range of physical activities undertaken. Swimming tuition continued under the guidance of our Physiotherapists at Margaret Hardy School, for which I am again grateful to the Headmistress, staff and helpers. There was a full programme of sporting games throughout the year, and two friendly football matches were played against nearby Secondary Schools, providing a useful social contact with non-handicapped children in other schools. Athletics training was started, and teams were entered at national level in the Junior Disabled Games and the Spastics Games. A School Sports Day was held for the first time.

Dr. J. Foster reports:

During 1972 Patcham House School has maintained 50 children on the register and a small waiting list has been formed of children in need of special schooling. With only one child due to leave in the Summer of 1973, the waiting list will unfortunately lengthen. Some of the children although not physically handicapped are unable to cope with life in an ordinary school and greatly benefit from the small classes and more sheltered environment at Patcham House.

A happy atmosphere exists at the Patcham House School. The school is an integrated unit where the children often do things together and help and co-operate with each other. This is largely due to Mr. Clark's intelligent and sympathetic leadership, that the widely varied children of different physical condition and ages are welded into a positive and happy unit.

The activities of Patcham House are numerous and exciting. One is impressed how the teachers and ancillary staff manage to bring out the best in the children.

During the year swimming has again been possible at Margaret Hardy School. A few children go horse riding (by private arrangement) each week. Physiotherapy continues daily under the guidance of Mr. Calver and Mrs. Hillaby.

The extensions planned for the school in the future are becoming increasingly necessary and the formation of a nursery class is eagerly awaited.

(vii) Handicapped Young Persons—Careers Office

I am indebted to Mr. D. D. Wallis, Principal Careers Officer, for the following report:

Close co-operation between the School Medical Service and the Youth Employment Service has been maintained throughout the year. The guidance of young persons with special physical or mental handicaps often depends for its effectiveness upon medical information. Regular meetings have therefore

continued between the Principal School Medical Officer and the Deputy Principal Careers Officer who holds special responsibility for co-ordinating the careers guidance of the handicapped. These meetings afford the opportunity of prior discussion of problems likely to be encountered by pupils who will attain school leaving age during the current year, and the chance of reviewing those who encounter medical problems after having started work. The meetings form a valuable supplement to the Careers Officer's normal pattern of talks and interviews with pupils at special schools and with handicapped pupils in normal schools, and the Service extends its warm appreciation of the help received from the School Medical Officer.

The recent establishment, in Saltdean, of Downlands College, an independent school for dyslexic children, has brought the Careers Office formally into contact with another category of handicap. So far, one pupil has been introduced to an employer who provided him with work experience on a farm. Discussion have been held with the Principal of the College and arrangements for advisory and placing work are being made.

The following table shows the range of disabilities encountered by Careers Officers in the dealings with young people during the past year. Figures in brackets refer to the previous year:

<i>Disability</i>			<i>Boys</i>	<i>Girls</i>
Educationally subnormal	...	...	11	14
Deaf and partially deaf	...	...	16	21
With defective vision	...	...	4	2
Epileptic	...	...	4	1
Asthmatic	...	...	5	6
With heart defects	...	...	2	1
Diabetic	...	...	—	1
Haemophiliac	...	...	1	—
With spina bifida	...	...	—	1
With limb deformities	...	...	3	2
With other physical disabilities	...	...	3	6
With psychiatric problems	...	...	—	2
Maladjusted	...	...	4	2
			53 (47)	59 (36)

In some cases, with slightly impaired hearing or vision, for example, the effect upon employment prospects is negligible. In others, a combination of some physical disability with limited academic resource, or a deformity which severely limits mobility, adds considerably to the difficulty of finding suitable employment.

By October 1972, only one boy, an epileptic registered formally as a disabled person after three unsuccessful attempts to sustain employment, was awaiting assessment at an Industrial Rehabilitation Unit, with a view to subsequent training if appropriate.

An educationally sub-normal girl, nearing her 18th birthday, who has found it impossible to cope with open employment, was accepted at the Barclay Sheltered Workshop. It is hoped that a period of time in this environment will give her confidence eventually to resume work in normal conditions.

The pupils at Ovingdean Hall and Hamilton Lodge Schools were interviewed in the Autumn term and recommendations about employment or further education sent to specialist careers officers in their home areas prior to their meeting these officers during the school holidays. Similarly, pupils from residential schools in other areas were seen by careers officers in Brighton during the holidays so that local opportunities could be discussed in advance of their leaving school and appropriate action taken.

Careers Officers again took part in a work preparation course for pupils at Woodside School. It was found that most of these pupils presented themselves well at the interview and no great difficulty was experienced in their obtaining first employment. Unfortunately, some failed to settle and have had 2 or 3 jobs since leaving school.

One girl, suffering from spina bifida and formerly a pupil at Chailey Heritage School, has started a laboratory assistant's course at Hereward College of Further Education at Coventry. A partially sighted boy from Blatchington Court School, Seaford, was accepted on a preliminary business studies course at Brighton Technical College. A partially hearing girl from Ovingdean Hall attended Longhill School for her final year; she then returned to her home area where she began a pre-nursing course. Another girl from Ovingdean Hall was accepted by her local Technical College in Kent for a course in the residential care of children.

As at October 1972, the outcome of advisory work with this group of young people was as follows

					<i>Boys</i>	<i>Girls</i>
Placed in employment	...	...	...	...	19	16
Found work	...	...	...	...	12	21
Continuing education/training	...	...	...	...	9	15
Still seeking work	...	...	...	...	1	—
New England House	...	...	...	...	5	1
Hospital	...	...	...	...	1	—
Transferred to Employment Exchange	...	...	...	...	—	1
Not known	...	...	...	...	6	5
					<hr/> 53	<hr/> 59

It is apparent that personal instability is still the greatest handicap in employment. Wrong attitudes to employers and work-mates, irresponsibility about attendance and time-keeping, inability to adjust to new circumstances and adverse home conditions account for a higher proportion of job-failures than do physical disabilities. Much time is spent by careers officers and employment assistants on helping young workers in such difficulties, and there is continued liaison with the social workers concerned with them and their families.

II. HEALTH EDUCATION IN SCHOOLS

There is still a good demand for lessons in schools to continue in Health Education and General Child Care and talks to outside groups have been fitted in when time was available.

Thirty minute teaching periods were given as follows:

Health Education Talks	...	...	...	...	148
Child Care	...	...	...	...	423

III. THE SCHOOL DENTAL SERVICE

Mr. J. B. Herington, Principal School Dental Officer, reports as follows:

As this is my first annual report as the new Principal School Dental Officer I should like first of all to pay a short tribute to my predecessor, Mr. W. H. Garland, who was in charge of the Borough Dental Department for eight years, during which time with his well known enthusiasm and hard work he succeeded in raising the standard of the School Dental Service to a very creditable level. I am sure I speak for all my colleagues and staff in the Dental Department in wishing Mr. Garland every happiness and success in his new work on the staff of the School for Dental Auxiliaries.

The list of Dental Officers shows many changes over the year. Of the full-time staff, Mr. P. G. Dudley left in February after giving the Borough three years' excellent service and we wish him well in a more senior post in Nottinghamshire. Two of our part-time members left and another was away for several months' maternity leave.

In spite of the introduction of grading to allow the appointment of Senior Dental Officers, our efforts to replace the full-time vacancies were unsuccessful. This was not entirely due to a lack of suitable candidates as on at least two occasions individuals offered posts felt unable to accept them on finding out the very high cost of property in this area. On the part-time side, we welcomed Mrs. N. Copeland in October and two part-time dental auxiliaries—Mrs. G. Hunt in June and Mrs. S. Stillman in November.

When I arrived in April there was an effective strength of only 1.4 Dental Officers, establishment being 5, together with 1 dental auxiliary. This position has improved somewhat to 2.9 Dental Officers and 1.3 dental auxiliaries by the end of the year. I felt it most important that our priorities should be right and with this in mind we succeeded in maintaining inspection and treatment for our "regular" patients at only slightly greater intervals. The orthodontic service continued at its normal pace and emergency treatment was always provided with the minimum of delay. Unfortunately we were not able to carry out our commitment of annual school inspections, and concentrating on infant and junior schools only 8,094 children were inspected at school, or at clinics, 4,362 requiring some treatment. On the credit side, however, we were still able to re-inspect 2,595 children (1,206 requiring some treatment) of those who look to us for their regular dentistry.

In the orthodontic field I am very grateful to Mr. F. C. Shenton who has continued to visit the clinic during the year to provide consultant guidance to the clinical staff. The official figure of 57 new cases commenced during the year is in my opinion grossly misleading as it only accounts for children having appliance treatment. It is generally recognised these days that extraction therapy has an even greater part to play in orthodontics as these figures will show. 162 new cases were commenced, of which only 57 were prescribed for appliances. 470 deciduous teeth and 286 permanent teeth (this is half the total number of permanent teeth extracted for all reasons) were extracted and 87 cases completed by extraction therapy alone compared with the 36 cases completed by appliances.

The number of emergency treatments (that is where the patient presents without a previous appointment and normally in pain) remains fairly constant from year to year at 729 in 1972. With reduced clinical staff emergencies put proportionally greater strain on individual dentists and their time which they would more ideally be using in regular routine work. At this point I would like to say how indebted we are to Dr. N. R. W. Spacek, Consultant Anaesthetist, who has continued to give us his services weekly during the year, and also to Dr. J. Foster for her services as an Anaesthetist for a number of sessions.

The figures show the increasing contribution being made to the work of the department by dental auxiliaries. In the future I would hope we may make even greater use of dental auxiliaries, but as all treatment has to be prescribed by a Dental Surgeon in the first place, it is not practical to have a greater ratio of auxiliaries to surgeons than at present.

Dental auxiliaries have a special role to play in the work of Dental Health Education, at which they seem rather better than most Dental Surgeons. Much of this work is done for the individual patient at the chairside, but Mrs. Stillman has begun a weekly session of Dental Health Education in schools as a follow-up to school inspections. Results in this type of venture tend to be limited but I feel it is very worthwhile for if only a temporary interest appears to be shown by the children, one hopes that the seeds of more permanent

oral hygiene habits may have been sown in at least a few children. I would like particularly to thank Head Teachers and their staff who have kindly co-operated in this venture and at school inspections.

I have to admit my disappointment in finding on my arrival in Brighton so little progress towards that ultimate dental goal—water fluoridation. It is always interesting to listen to one's colleagues who have the pleasure to practise dentistry in "fluoridated" parts of the country and to hear first hand the enormous clinical value of this now proven measure for the protection of the population's teeth. I can only hope that Brighton will follow suit before too long.

One other rather serious deficiency is the lack of facilities in the town for the dental treatment of handicapped and medically "at risk" children, many of whom require hospitalisation even for simple procedures. I know that Mr. R. Juniper, the new Consultant Dental Surgeon for Area No. 1, feels that a special service for these individuals should be created, and I hope that every support will be given to him in such a venture.

In conclusion, may I express my gratitude to my colleagues in the Health and Education Departments, but perhaps especially the Dental Department for their welcome and patience with the "new boy" during the year.

Inspections

<i>No. of pupils</i>			
	<i>Inspected</i>	<i>Requiring treatment</i>	<i>Offered treatment</i>
(a) First inspection—school ...	4,645	4,362	4,262
(b) First inspection—clinic ...	3,449		
(c) Re-inspection—school or clinic	2,595	1,206	—
Totals	10,689	5,568	4,262

Visits (for treatment only)

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit in the calendar year	1,570	1,168	159	2,897
Subsequent visits	3,000	2,549	288	5,837
Total visits	4,570	3,717	447	8,734

Courses of Treatment

Additional courses commenced ...	510	270	35	815
Total courses commenced ...	2,080	1,438	194	3,712
Courses completed	—	—	—	3,393

Treatment

Fillings in permanent teeth ...	1,588	2,224	353	4,165
Fillings in deciduous teeth ...	2,109	173	—	2,282
Permanent teeth filled	1,375	2,030	319	3,724
Deciduous teeth filled	1,959	155	—	2,114
Permanent teeth extracted ...	117	397	40	554
Deciduous teeth extracted ...	1,242	617	—	1,859
Number of general anaesthetics	431	149	6	586
Number of emergencies ...	486	217	26	729

Number of pupils x-rayed	382
Prophylaxis	324
Teeth otherwise conserved	290
Teeth root filled	13
Inlays	—
Crowns	6

Orthodontics

New cases commenced during the year...	57*
Cases completed during the year ...	36*
Cases discontinued during the year ...	10*
Number of removable appliances fitted	58*
Number of fixed appliances fitted ...	—
Number of pupils referred to Hospital Consultants	10

*include cases treated by appliance only.

Dentures

Number of pupils fitted with dentures for the first time:

(a) with full denture

(b) with other dentures

Total

Number of dentures supplied (first or subsequent time) ...

<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
—	—	—	—
1	3	1	5
1	3	1	5
1	3	2	6

Anaesthetics

Number of general anaesthetics administered by Dental Officers

—

Sessions

	<i>Administrative sessions</i>	<i>Number of clinical sessions worked in the year</i>					<i>Total sessions</i>
		<i>School Service</i>			<i>M.&C. H. Service</i>		
		<i>Inspection at School</i>	<i>Treatment</i>	<i>Dental Health Education</i>	<i>Treatment</i>	<i>Dental Health Education</i>	
Dental Officers (incl. P.S.D.O.)...	90	19	962	—	39	42	1,152
Dental Auxiliaries	—	—	457	—	9	17	483
Dental Hygienists	—	—	—	—	—	—	—
Total	90	19	1,419	—	48	59	1,635

Dental Health Education

The Health Education Department co-operate well in the distribution of leaflets and organising the showing of dental films in schools by the Teachers and Dental Auxiliary. We have now been able to start a routine of Dental Health Education talks in schools as a follow-up to inspections and dental talks on Radio Brighton. The sending of "Birthday Cards" to all children on their third birthday continues to get a consistent response.

1. STAFF

(As at 31st December, 1972)

Number of officers in local authority service		Full-time equivalent inclusive of extra paid sessions worked (TO ONE PLACE OF DECIMALS)			
Full-time	Part-time	Administrative duties	Clinical duties		Total full-time equivalent
			School service	M. & C.H. service	

(a) DENTAL OFFICERS (including Orthodontists)

Principal School Dental Officer ...	1	—	0.3	0.6	0.1	1
Salaried Dental Officers ...	1	—	—	0.9	0.1	1
Sessional Dental Officers ...	—	4	—	0.9	—	0.9
Total ...	2	4	0.3	2.4	0.2	2.9

(b) DENTAL AUXILIARIES AND HYGIENISTS

Dental Auxiliaries ...	1	1	—	1.2	0.1	1.3
Dental Hygienists ...	—	—	—	—	—	—

(c) OTHER STAFF

	Number of Officers						Full-time equivalent (ONE PLACE OF DECIMALS)
Dental Technicians ...	—	—	—	—	—	—	—
Dental Surgery Assistants ...	7	—	—	—	—	—	5.5
Clerical Assistants ...	1	—	—	—	—	—	1.0
Dental Health Education Personnel ...	—	—	—	—	—	—	—

2. SCHOOL DENTAL CLINICS

Provided directly by the Authority	Fixed Clinics				Mobile Clinics		
	No. with ONE surgery only	No. with TWO or more surgeries	Total number of surgeries		Total number of clinics		Total number of sessions worked in 1971
			Available	In use	Available	In use	
	4	1	8	8	—	—	—

DENTAL AUXILIARIES

Visits (for treatment only)

		<i>Ages 5-9</i>	<i>Ages 10-14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit in the calendar year	...	236	115	7	358
Subsequent visit	... ..	923	555	62	1,540
Total visits	...	1,159	670	69	1,898

Courses of Treatment

Additional courses commenced	...	198	82	7	287
Total courses commenced	... ..	434	197	14	645
Courses completed	... ..	—	—	—	815

Treatment

Fillings in permanent teeth	... ..	576	710	92	1,378
Fillings in deciduous teeth	... ..	810	57	—	867
Permanent teeth filled	... ..	505	639	81	1,225
Deciduous teeth filled	... ..	744	48	—	792
Deciduous teeth extracted	... ..	79	35	—	114
Prophylaxis	... ..	—	—	—	131

IV. THE SCHOOL NURSING SERVICE

Miss A. Webber, Superintendent School Nurse, reports:

Infestation

Instances and individual cases of infestations are slightly lower in numbers than those found in 1971. The general pattern of head infestation is changing, problem families are no longer providing the highest number of cases. More children from apparently good home backgrounds are accounting for a good percentage of the cases found. (This, in my opinion, relates to the sources of infestation in the community outside the control of any legal supervising authority.)

Offenders are still widely scattered throughout all types of schools. I would again stress the importance of the availability of staff to cope with this problem. Any relaxation of hygiene surveys will soon lead to an increased number of infested children in all areas.

V. SPEECH THERAPY

Miss Baxter left at the beginning of the year so there are now only two Speech Therapists working where the establishment is four.

Due to severe staff shortage, the work of the Speech Therapy department during 1972 has been greatly restricted in the following ways:

1. The number of children on the waiting list at the end of the year is low, but this does not reflect the true situation. The time lag between initial assessment and start of treatment has lengthened to approximately six months.

2. Only eleven primary schools have been visited by the Senior Speech Therapist during the year. Normally they would all have been visited.

3. We have been unable to undertake any further courses in intensive Speech Therapy, like those reported on in 1971.

4. Woodside School has only been visited once weekly since March 1972, although this is largely due to lack of accommodation in the school.

However, Mrs. Mills has visited Downsvie School for three sessions per week during the whole year. She has attended all the assessment sessions and has spoken to the Parent/Teacher Association about her work.

Sessions at Bevendean and Patcham House schools were discontinued for the time being, where fewer children needed attention, and one extra session was worked at the School Clinic, and one at Balfour Infants school.

In September one member of staff attended the conference of the College of Speech Therapists at Bedford.

To sum up, it can be claimed that despite the difficulties an efficient "skeleton" service has been maintained. We look forward to a more fruitful year in 1973, when new schemes in mind can be tried out and established practices of proven value can be resumed.

	1972	1971
Number of children seen	394	492
Number of new patients	150	187
Total number of attendances	4,355	5,368
Number on waiting list	34	27
<i>Number Discharged:</i>		
Discharged with satisfactory speech	86	160
Own discharge—ceased attending	11	32
Left district or school... ..	24	14
N.A.D.	17	24
Unsuitable for further treatment	6	3
<i>Types of cases seen during the year:</i>		
N.A.D.	10	35
Downsvie children—unsuitable for Speech Therapy due to emotional and other factors... ..	6	—
Cleft palate speech/hypernasality	8	13
Stammer	31	38
Dyslalia	172	203
Sigmatism	58	86
Dysarthria	3	4
Retarded speech and language development	83	91
Alalia	1	2
Dysphonia	—	1
Cases in process of assessment	22	19
<i>Weekly Branch Clinics:</i>		
Balfour Infants	9	36
Balfour Juniors	—	22
Bevendean	10	35
Carden Juniors	—	35
Carden Infants	—	36
Moulsecomb Infants and Juniors	36	62
Whitehawk	109	108
Woodingdean	70	64
Woodside	40	33
Patcham House	20	37
Downsvie	120	20
Middle Street C.P.	1	12
Elm Grove Infants	30	29
Fairlight Infants	1	18

VI. THE WORK OF THE ORTHOPAEDIC DEPARTMENT

Mr. Austin Brown, Consultant Orthopaedic Surgeon, reports on the work of the Orthopaedic Department:

The Orthopaedic Clinic has continued to function during the past year. The type of patient attending this Clinic has now been resolved to deformities of the lower limbs and spine needing continuous observation and occasionally surgery and/or physiotherapy for their resolution. There has been a distinct fall in the number of minor deformities such as "knock knees" and "flat feet" which are being referred to this clinic and this drop is welcomed as usually these are not in need of any treatment.

We have been fortunate to continue to have the services of Mr. Calver and Mrs. Hillaby in the treatment of the more seriously disabled children in the outlying units.

Orthopaedic Clinic

Senior Physiotherapist: G. H. G. Calver, M.C.S.P., S.R.P.

Assistant Physiotherapist: Mrs. L. Hillaby, M.C.S.P., S.R.P.

Part-Time Appointment: Mrs. B. R. Dixon, M.C.S.P., S.R.P.

During the year an additional Nursery Class was opened by Downsview Special School. This class is accommodated at present at 83 Beaconsfield Villas. Several children in this group require physiotherapy treatment and it was for this reason that a part-time appointment was made.

A further service was commenced at the beginning of the Autumn Term, at the School Clinic, Hillside, Moulsecomb, the Senior Physiotherapist attending there daily to treat two of the pupils of Moulsecomb County Secondary School.

As in previous years, afternoon sessions were held at the School Clinic, Morley Street, to treat and observe children referred by the School Medical Officers and by the Orthopaedic Consultant. Ultra Violet Light sessions were carried out during the winter months.

In the Summer and early Autumn the Clinic is fortunate in having a swimming class once a week at St. Luke's Swimming Bath. The numbers in these remedial classes are limited in order to give every opportunity to those attending to learn to swim as soon as they can, and also to enjoy the swimming. Swimming proves beneficial to those children suffering from some chest conditions.

Daily sessions were held at Patcham House School for the Physically Handicapped and as before a swimming class was held each week at the pool at Margaret Hardy School, Patcham, during the summer. The Orthopaedic Clinic is indebted to the Headteacher for the use of the pool and also to the senior pupils who assist in the water and with the drying and dressing of some of the children.

In connection with the swimming classes, the following Brighton Schools' Certificates were awarded:

2 pupils gained the 10 yards Certificate;

2 pupils gained the 25 yards Certificate;

1 pupil gained the 40 yards Certificate.

No swimming aids were used in these tests.

Daily visits were made to Downsview Special School, until the new Nursery Class opened in the Autumn. This necessitated some alteration of the programme, so that visits could be made to Beaconsfield Villas. An additional session was provided by the newly appointed Physiotherapist.

It is, of course, important that the children of Nursery age and below are treated as soon as possible, for it is with early treatment that the most progress can be expected and the most help given to the child and family.

	1972		1971	
	S.H.S.	C.H.C.	S.H.S.	C.H.C.
Total attendances	3,683	89	3,961	88
Total number of patients seen	98	44	119	43
Total discharged (Specialist)	42	7	34	22
Total swimming attendances	318	—	288	—
Ante-natal attendance	—	—	—	167
Total attendances Specialist Clinic	105	13	108	25

SESSIONS 1972 (Number of sessions per week)

<i>Mr. Calver:</i>	Downsview ... ..	...	...	...	3
	Beaconsfield Villas (Nursery Class) ... ..	...	...	...	1
	Patcham House ... ..	...	...	...	1
	Downsview ... ..	...	...	...(half sessions)	2
	Beaconsfield Villas (Nursery Class) ... ..	...	...	...(half session)	1
	Moulsecroomb ... ..	...	...	...(half sessions)	5
<i>Mrs. Hillaby:</i>	Patcham House ... ..	...	...	...	7
<i>Mrs. Dixon:</i>	Beaconsfield Villas (Nursery Class) ... ..	...	...	...	1

Beaconsfield Villas (Nursery Class)—from September 1972

Pupils Treated ... ..	...	...	...	...	5
Treatments ... ..	...	...	...	...	114

Moulsecroomb—from 25th September, 1972

Pupils Treated ... ..	...	...	...	...	2
Treatments ... ..	...	...	...	...	87

VII. THE SCHOOL MEALS SERVICE

The number of children receiving mid-day dinners at maintained schools on a selected date was:

		<i>Number of pupils</i>	<i>Pupils taking mid-day meals</i>		
			<i>On payment</i>	<i>Free</i>	<i>Total</i>
Primary ... ..	...	13,340	7,487	2,017	9,504
Secondary ... ..	...	8,237	4,062	1,007	5,069
Special ... ..	...	283	176	107	283
TOTALS ... ..	...	21,860	11,725	3,131	14,856

Pupils taking meals on 4th October, 1972—67% of those present.

Pupils having free meals—21% of those taking meals.

On Payment—78% of those taking meals.

ROAD ACCIDENTS TO SCHOOL CHILDREN

I append a table of road accidents involving Brighton School children in 1972 which the Road Safety Organiser has kindly made available.

Under 15 years	Killed	Seriously Injured	Slightly Injured	Total
January	—	—	9	9
February	—	1	7	8
March	—	3	10	13
April	—	1	5	6
May... ..	—	5	5	10
June	—	3	14	17
July... ..	—	1	15	16
August	—	1	12	13
September	—	—	7	7
October	—	3	10	13
November	—	1	13	14
December	—	4	5	9
TOTAL	—	23	112	135

On the whole these figures compare favourably with the previous year in which two children lost their lives and two more were seriously injured than in 1972. Nevertheless the total number of accidents increased from 127 to 135, the increase occurring amongst children who were slightly injured.

IV—CENTRAL AND BRANCH CLINICS

<i>Clinic</i>	<i>Times of attendance</i>	<i>Work undertaken</i>
Central School Clinic ...	Full time	Centre of examination of special cases, ophthalmic, orthopaedic, audiology and speech clinics. Consultation, minor ailment and immunisation clinics. Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography. Child Health appointments. Verminous treatment.
<i>Branch Medical Clinics:</i>		
Moulsecoomb Clinic ...	Tuesday mornings Wednesday mornings Thursday mornings Friday mornings	Minor ailment and inspection clinic (Nurse only)
Whitehawk Clinic ...	Tuesday mornings Friday all day	Minor ailment (Nurse only)
Patcham House... ...	Monday mornings Tuesday all day Wednesday all day Thursday mornings Friday mornings	Orthopaedic physiotherapy
Downsview	Monday all day Tuesday mornings Wednesday all day Thursday afternoons Friday mornings	Orthopaedic physiotherapy
Carden School	Monday all day	Speech Therapy
Whitehawk School ...	Tuesday all day Thursday afternoons	Speech Therapy
Moulsecoomb School ...	Monday mornings Tuesday mornings	Speech Therapy
Balfour School	Thursday mornings	Speech Therapy
Woodside	Wednesday mornings Friday mornings	Speech Therapy Speech Therapy
Woodingdean School ...	Friday all day	Speech Therapy
Downsview	Two sessions weekly	Speech Therapy
<i>Branch Dental Clinics:</i>		
Central School Clinic ...	Full time	Routine dental treatment and dental treatment of emergency cases. General anaesthetics and dental radiography.
Carden School	Tuesday and Thursday mornings	Emergency cases followed by routine treatment by appointment. Dental radiography.
Longhill School	Monday all day Thursday all day Friday morning	Emergency cases followed by routine treatment by appointment. Dental radiography.
Moulsecoomb School ...	Monday morning Wednesday morning Thursday morning	Emergency cases followed by routine treatment by appointment. Dental radiography.
Whitehawk Child Health Centre	Tuesday morning Friday morning	Emergency cases followed by routine treatment by appointment. Dental radiography.

Consultation Clinics

2,263 children made 2,639 attendances at this clinic compared with 1,365 children and 1,830 attendances in 1971.

Section C

STATISTICS

I—SCHOOL POPULATION

The estimated population of Brighton at mid-1972 was 163,710.

In October 1972 there were 22,407 on the registers of schools maintained by the Brighton Education Authority as detailed below.

In addition there were 425 Brighton pupils attending the Brighton, Hove and Sussex Grammar School, which is jointly maintained by Brighton and East Sussex Education Authorities. Medical inspection and treatment is provided by East Sussex.

<i>School</i>	<i>No. on register</i>
Balfour Infants	257
Balfour Junior Mixed	600
Bevendean Infants	279
Bevendean Junior Mixed	368
Carden Infants	284
Carden Junior Mixed... ..	383
Carlton Hill	182
Coldean Infants	145
Coldean Junior Mixed	262
Coombe Road... ..	477
Dorothy Stringer	768
Downs Infants	275
Downs Junior Mixed... ..	477
Elm Grove Infants	180
Elm Grove Junior Mixed	295
Fairlight Infants	206
Fairlight Junior Mixed	266
Fitzherbert	366
Hertford Road	384
Longhill	786
Middle Street	177
Moulsecomb C.S.	588
Moulsecomb Infants	399
Moulsecomb Junior Mixed	659
Our Lady of Lourdes	101
Patcham Infants	178
Patcham Junior Mixed	433
Patcham Fawcett	695
Patcham Margaret Hardy	748
Queen's Park Infants	161
Queen's Park C.S.	485
Rottingdean	192
Rudyard Kipling Infants	303
Rudyard Kipling Junior Mixed	486
Saltdean Infants	172
Saltdean Junior Mixed	222
Secondary Technical	283
Stanford Road Infants	175
Stanford Road Junior Mixed	286
Stanmer	747
St. Bartholomew's	138
St. John's	168
St. John the Baptist	267
St. Joseph's	316
St. Luke's Terrace Infants	207
St. Luke's Terrace Junior Mixed	440
St. Mark's Infants	220
St. Mark's Junior Mixed	220
St. Martin's	142
St. Mary's	143

<i>School</i>	<i>No. on register</i>
St. Mary Magdalen	229
St. Paul's	258
Varndean Girls'	723
Varndean Mixed	653
Westdene	349
Westlain	604
Whitehawk C.S.	694
Whitehawk Junior Mixed	561
Whitehawk Infants	394
Woodingdean Infants	234
Woodingdean Junior Mixed... ..	397
Downs View	92
Patcham House	49
Woodside	179

Attendance over the year at the schools listed (excluding Brighton, Hove and Sussex Grammar School) was 90.3%.

Nursery Schools

In December 1972 there were at Tarner Land 5 full-time and 71 part-time pupils and at White House 20 full-time and 70 part-time pupils.

II—MEDICAL INSPECTION AND TREATMENT

Year ending 31st December, 1972

Medical inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

A—Periodic Medical Inspections

<i>Age groups Inspected</i>	<i>No. of pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
(2)	(2)	(3)	(4)	(5)	(6)
1968 and later	463	463	100.00	—	—
1967	1,020	1,019	99.94	1	0.06
1966	569	569	100.00	—	—
1965	144	140	97.91	4	2.09
1964	98	98	100.00	—	—
1963	193	193	100.00	—	—
1962	1,150	1,149	99.94	1	0.06
1961	729	729	100.00	—	—
1960	112	112	100.00	—	—
1959	68	68	100.00	—	—
1958	1,048	1,048	100.00	—	—
1957 and earlier	617	616	99.94	1	0.06
TOTALS	6,211	6,204	99.88	7	0.12

B—Other Inspections

Number of Special Inspections	...	...	...	6,651
Number of re-inspections	...	...	...	7,399
Total	...	...	...	14,050

The number of children examined at periodical medical inspections was 6,211 against 6,690 in 1971.

The number of re-inspections was 7,399 against 6,297 and the number of special inspections was 6,651 against 5,904 in 1971. The continued co-operation and collaboration of the teaching staff is gratefully acknowledged. Without this it would not have been possible to arrange the routine medical inspections.

<i>Percentage of parents attending medical inspections:</i>					1972	1971	1970
Entrants	...	...	...	...	91.5	94.4	89.7
Intermediate	...	...	...	...	69.7	83.7	68.7
Leavers	...	...	...	...	21.2	32.4	17.7
Average	...	...	...	...	68.3	70.1	63.1

C—Pupils found to require treatment at Periodic Medical Inspections
(excluding Dental Diseases and Infestation with Vermin)

<i>Age groups Inspected (by year of birth)</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Part I I</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
1968	17	108	108
and later	45	284	318
1967	29	179	205
1966	14	43	43
1965	13	35	46
1964	17	54	60
1963	150	241	360
1962	109	152	211
1961	21	32	47
1960	10	31	37
1959	149	166	279
1958	115	110	191
1957			
and earlier			
TOTALS ...	689	1,435	1,905

(iii)—Incidence of Defects Found at Periodic Inspection Found
to Require Treatment Per 1,000 Pupils Examined

						1972	1971	1970
Total children examined ...	...	...	...	...	...	6,211	6,690	6,342
Skin...	...	...	...	...	...	43.5	41.1	45.3
Eyes:								
(a) Vision ...	...	...	...	...	...	111.6	89.6	96.8
(b) Squint ...	...	...	...	...	...	21.4	21.1	21.6
(c) Others ...	...	...	...	...	...	3.7	4.5	8.0
Ears:								
(a) Hearing ...	...	...	...	...	...	53.0	50.5	45.2
(b) Otitis media ...	...	...	...	...	...	3.4	6.4	6.5
(c) Other ...	...	...	...	...	...	3.4	2.2	2.8
Nose and Throat ...	...	...	...	...	...	25.9	28.3	23.7
Speech ...	...	...	...	...	...	21.3	20.8	24.1
Glands ...	...	...	...	...	...	1.4	3.0	0.6
Heart ...	...	...	...	...	...	7.9	6.7	6.8
Lungs ...	...	...	...	...	...	13.7	19.4	14.2
Development:								
(a) Hernia ...	...	...	...	...	...	2.6	2.4	2.7
(b) Other ...	...	...	...	...	...	9.1	11.3	12.3
Orthopaedic:								
(a) Posture ...	...	...	...	...	...	2.8	2.2	2.7
(b) Feet ...	...	...	...	...	...	10.1	13.9	13.9
(c) Other ...	...	...	...	...	...	15.5	11.3	16.6
Nervous System:								
(a) Epilepsy ...	...	...	...	...	...	7.0	2.5	3.1
(b) Other ...	...	...	...	...	...	9.1	8.9	9.3
Psychological Development:								
(a) Development ...	...	...	...	...	...	6.3	4.4	4.0
(b) Stability ...	...	...	...	...	...	7.4	7.4	5.0
Abdomen ...	...	...	...	...	...	6.1	6.5	6.9
Other ...	...	...	...	...	...	13.4	12.5	8.5

D—Defects Found by Medical Inspection During the Year
PERIODIC INSPECTIONS

Defects or Disease					Entrants	Leavers	Others	Total
Skin...	...	...	...	T	94	64	112	270
				O	41	35	51	127
Eyes:								
(a)	Vision	...	...	T	110	263	320	693
				O	186	55	119	360
(b)	Squint	...	...	T	81	6	46	133
				O	9	—	4	13
(c)	Other	...	...	T	12	4	7	23
				O	8	7	16	31
Ears:								
(a)	Hearing	...	...	T	188	35	106	329
				O	25	2	6	33
(b)	Otitis media	...	...	T	14	—	7	21
				O	45	2	8	55
(c)	Other	...	...	T	11	4	6	21
				O	33	6	7	46
Nose and Throat	...	...	...	T	89	26	46	161
				O	261	32	87	380
Speech	...	...	...	T	75	5	50	130
				O	125	7	37	169
Lymphatic Glands	...	...	...	T	3	—	4	7
				O	56	—	13	69
Heart	...	...	...	T	18	13	13	44
				O	18	11	17	46
Lungs	...	...	...	T	29	19	37	85
				O	82	15	42	139
Development:								
(a)	Hernia	...	...	T	5	1	10	16
				O	14	—	8	22
(b)	Other	...	...	T	15	11	30	56
				O	42	11	48	101
Orthopaedic:								
(a)	Posture	...	...	T	1	7	7	15
				O	15	21	25	61
(b)	Feet	...	...	T	26	12	19	57
				O	57	37	77	171
(c)	Other	...	...	T	31	20	45	96
				O	89	43	54	186
Nervous System:								
(a)	Epilepsy	...	...	T	18	16	9	43
				O	15	2	4	21
(b)	Other	...	...	T	26	15	16	57
				O	149	7	43	199
Psychological:								
(a)	Development	...	...	T	10	7	22	39
				O	79	34	68	181
(b)	Stability	...	...	T	14	7	22	43
				O	130	41	147	318
Abdomen	...	...	...	T	20	8	10	38
				O	20	22	28	70
Other	...	...	...	T	18	13	52	83
				O	61	71	96	228

T—Treat

O—Observe

E—Number of children examined other than at Routine Medical Inspections

Pupils presented by a teacher or parent for suspected defect:							
In schools	...	...	...	...	...	...	50
In clinic	...	...	...	...	...	...	2,263
Other special inspections for mental and physical defects, employments, boarded out children, etc.							
...	...	...	...	...	...	...	4,338
Total							6,651
Re-inspection of pupils previously found to have some defect:							
In schools	...	...	...	...	...	...	4,567
In clinic	...	...	...	...	...	...	2,832
Total							7,399

F—Prophylaxis against Diphtheria, Tetanus and Poliomyelitis

Number of sessions:							
At school	...	...	...	...	...	...	11
At clinic	...	...	...	...	...	...	29
Number of attendances:							
At school	...	...	...	...	...	...	205
At clinic	...	...	...	...	...	...	197

G—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint (cases not referred to specialist)	295
Errors of refraction (including squint)	1,229
Total	1,524
Numbers of pupils, of school age, for whom spectacles were prescribed	557

(The above figures relate only to school children)

Defective Vision:

During the year 119 sessions were held. Total number of cases dealt with was 1,415 (1,445 in 1971). There were 440 new cases (including squints)—(443 in 1971). Glasses were prescribed for 557 children (523 in 1971).

(These figures relate to all children including pre-schoolers.)

H—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear	41
(b) for adenoids and chronic tonsillitis	314
(c) for other nose and throat conditions	3
Received other forms of treatment	146
Total	504
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1972	10
(b) in previous years	20

I—Cardiac Defects

Types of suspected heart defects seen during the year

	<i>Infants</i>	<i>Juniors</i>	<i>Seniors</i>	TOTAL
No abnormality discovered	2	1	3	6
Reports awaited	—	—	—	—
Systolic murmur	4	—	2	6
Other defects	—	2	—	2
Totals	6	3	5	14

During the year 14 new cases were referred to Dr. Chamberlain, Consultant Cardiologist, at the Royal Alexandra Children's Hospital, as compared with 13 in 1971. 4 re-examinations were carried out on 1 boy and 3 girls.

J—Orthopaedic and Postural Defects

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients' departments	142
(b) Pupils treated at schools for postural defects	—
Total	142

K—Skin Diseases

										<i>Number of individual pupils known to have been treated</i>
Ringworm:										1
(a) Scalp	...	...	...	...	...	...	...	...	...	—
(b) Body	...	...	...	...	...	...	...	...	...	29
Scabies	...	...	...	...	...	...	...	...	...	70
Impetigo	...	...	...	...	...	...	...	...	...	5
Eczema	...	...	...	...	...	...	...	...	...	407
Other skin diseases:										64
(Acne, urticaria, herpes simplex, rashes, etc.)	...	...	...	...	...	...	...	...	...	69
Plantar warts	...	...	...	...	...	...	...	...	...	645
Other warts	...	...	...	...	...	...	...	...	...
Total										

L—Other Treatments

Other treatment given

										<i>Number of cases known to have been dealt with</i>
Pupils with minor ailments										1,901
Pupils who received convalescent treatment under School Health Service arrangements										—
Pupils who received B.C.G. vaccination										1,521
Total										3,422

M—Infestation with Vermin

	1972	1971
(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons...	69,393	70,970
(ii) Total number of individual pupils found to be infested	221	335
(iii) Number of instances of infection	309	398
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(2) Education Act 1944)	27	59
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	—	1

N—Nurses' Inspections

	1972	1971
Cleanliness examinations of children in schools	69,393	70,970
Visits to school departments... ..	2,963	2,706
Number of home visits	1,593	1,870
Vision tests: 5-11 year olds	7,126	7,261
11 plus	3,341	5,814
Number of audiology sessions:		
(a) at schools	600	550
(b) at Morley Street Clinic	302	255
Additional duties carried out during the year:		
B.C.G. sessions	14	52
Poliomyelitis clinics	—	19
Rubella sessions	11	23
The Superintendent School Nurse paid 577 visits to school departments as under:		
Mothercraft talks	423	398
Health education	148	113
Other talks	6	3

III—HANDICAPPED PUPILS

	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physi- cally Handi- capped (6) Delicate		(7) Mal- adjusted (8) Educa- tionally Sub- normal		(9) Epi- leptic (10) Speech Defects		TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(1)-(10)
IN THE CALENDAR YEAR: Handicapped Pupils											
A. Newly assessed as needing special educational treatment at special schools or in boarding homes... ..	—	—	—	—	1	5	20	45	—	1	72
B. (i) Included at A above and newly placed in special schools or boarding homes	—	—	—	—	1	4	9	21	—	—	35
(ii) Assessed prior to January, 1972 and newly placed in special schools or boarding homes	—	—	—	—	—	1	7	31	—	—	39
TOTAL B (i) and B (ii) ...	—	—	—	—	1	5	16	52	—	—	74
AS AT 25TH JANUARY, 1973:											
C. Number requiring (a) Day places in special schools ...	—	—	—	—	2	—	—	69	—	—	71
(b) Boarding schools ...	—	—	—	—	—	1	5	5	—	—	11
D. (i) Number on the registers of:											
(1) Maintained (a) day pupils	—	1	—	—	36	5	—	274	2	—	318
special (b) boarding	—	—	—	—	—	1	5	5	—	—	11
schools as pupils	—	—	—	3	—	—	—	—	—	—	3
(2) Non-maintained (a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding	3	3	—	—	8	7	9	6	3	—	39
special pupils											
schools as											
TOTAL... ..	3	4	—	3	44	13	14	285	5	—	371
D. (ii) Independent schools under arrangements made by the authority	—	—	10	—	2	—	30	3	—	—	45
TOTAL (D (i) and D (ii)) ...	3	4	10	3	46	13	44	288	5	—	416
D. (iii) Boarded in homes and not included in (i) or (ii) ...	—	—	—	—	—	—	1	—	—	—	1
TOTAL (D (i)-(ii) and (iii))	3	4	10	3	46	13	45	288	5	—	417
E. Number being treated under arrangements made in accordance with Section 56 of the Education Act, 1944 ...											
(i) in hospital	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups ...	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	1	1	—	—	1	1	—	—	—	—	4



Minor ailment Clinics

Condition	Morley Street			Moulsecoomb			Whitehawk			Total new cases	
	New	Old	Total	New	Old	Total	New	Old	Total	1972	1971
External Eye:											
Blepharitis ...	7	4	11	1	4	5	13	20	33	21	16
Conjunctivitis ...	24	14	38	8	3	11	19	20	39	51	44
Other ...	170	15	185	31	21	52	22	25	47	223	159
Ear:											
Earache...	9	3	12	2	—	2	7	7	14	18	10
Otorrhoea ...	4	1	5	—	—	—	1	—	1	5	11
Deafness ...	3	—	3	—	—	—	—	—	—	3	4
Other ...	35	9	44	3	2	5	8	11	19	46	51
Skin:											
Ringworm/Scalp ...	1	—	1	—	—	—	—	—	—	1	1
Ringworm/Body ...	—	—	—	—	—	—	—	—	—	—	1
Scabies ...	28	66	94	—	—	—	1	—	1	29	29
Impetigo ...	30	46	76	30	31	61	10	5	15	70	100
Eczema...	5	1	6	—	—	—	—	—	—	5	78
Other skin ...	185	88	273	161	233	394	61	173	234	407	237
Plantar warts ...	54	—	54	7	4	11	3	—	3	64	47
Other warts ...	58	—	58	10	3	13	1	—	1	69	79
Minor injuries ...	157	17	174	114	98	212	22	28	50	293	255
Septic sores ...	48	28	76	90	123	213	22	27	49	160	174
Cuts, grazes, burns ...	97	3	100	71	124	195	29	38	67	197	227
Other ...	149	53	202	50	—	50	50	—	50	249	282
TOTAL ...	1064	348	1412	578	646	1224	269	354	623	1911	1805
No. of cases treated ...			1064			578			269	1911	1805
No. of attendances ...			1440			1224			625	3289	3073

CHILD HEALTH CENTRES

1. PATCHAM, 2-4 p.m. 2nd and 4th Mondays
Mackie Hall, Mackie Avenue
2. BEVENDEAN, 2-4 p.m. Mondays
Youth Wing, Bevendean School
3. HOLLINGDEAN, 2-4 p.m. Mondays
St. Richard's Church Hall, The Crossways
4. MOULSECOOMB, 2-4 p.m. Tuesdays
Baptist Church Hall, Moulsecoomb Way
5. FLORENCE ROAD, 2-4 p.m. Tuesdays
Baptist Church Hall
6. DYKE ROAD, 2-4 p.m. Tuesdays
St. Luke's Church Hall, Exeter Street
7. WOODINGDEAN, 2-4 p.m. 2nd and 5th Wednesdays
Methodist Church Hall, The Ridgeway
8. MORLEY STREET, 2-4 p.m. Wednesdays
The Clinic
9. HOLLINGBURY, 2-4 p.m. 1st, 3rd and 5th Wednesdays
Church Hall, Lyminster Avenue
10. WHITEHAWK, 2-4 p.m. Thursdays
The Clinic, Whitehawk Avenue
11. COLDEAN, 2-4 p.m. 2nd, 4th and 5th Thursdays
The Barn Church, Coldean Lane
12. LEWES ROAD, 2-4 p.m. Mondays and Fridays
Congregational Church Hall
13. ROTTINGDEAN, 2-4 p.m. alternate Fridays
Public Hall, Park Road
14. WEST BRIGHTON, 2-4 p.m. Tuesdays
Christ Church Hall, Bedford Place
15. QUEENS PARK, 10 a.m.-12 noon. Wednesdays
St. Luke's Church Hall, Queen's Park Road
16. WOODINGDEAN, 10 a.m.-12 noon. Fridays
Hazel Cottage, Warren Road
17. WESTDENE, 2-4 p.m. 1st, 3rd and 5th Mondays
Mobile Clinic, Withdean Stadium Car Park
18. SALTDEAN, 2-4 p.m. 1st, 3rd and 5th Tuesdays
St. Nicholas' Church Hall, Saltdean Vale
19. KEMP TOWN, 10 a.m.-12 noon and 2-4 p.m. Fridays
Wiltshire House, Lavender Street
20. SEVEN DIALS, 2-4 p.m. Thursdays
St. Michael's Church Hall, St. Michael's Place

POPULATION DENSITY, 1971

UNDER 60 PERSONS PER NET ACRE	
60 TO 120 " " " "	
OVER 120 " " " "	